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**Podcast Transcript from Joe Rogan and Doctor Peter McCullough**

If you don't have time to watch the entire 2 hour and 45 minute video, below is the full podcast transcript of the interview with Joe Rogan and Peter McCullough if you prefer to read instead.

Joe Rogan Well, sir, thanks very much. I really appreciate it. I've seen a lot of your testimonies before they were actually taken down. I've seen some of the videos that were yours that were taken down off of YouTube. And then I found that very odd that a doctor talking about a medical disease would have videos taken down.

Joe Rogan An actual expert would be either testifying or discussing treatments and talking about a disease and have those videos taken down off of YouTube. Well, first of all, if you would please just state your credentials and tell everybody what you do.

Dr. Peter McCullough I'm Dr. Peter McCullough. I'm an internist and cardiologist.

Dr. Peter McCullough I'm also trained in epidemiology. I'm an academic practice in Dallas, Texas. So I see patients about half the time I saw patients yesterday, drove down today to see you here in the studio and the rest of my time I spend as an author, an editor. I'm an editor of a major Journal in cardiovascular medicine, the former editor of an international Journal, the President of a major medical society right now, currently about five years into that position, and I frequently publish in my field, I study the interface between heart and kidney disease. I'm the most published person in my field in history.

Dr. Peter McCullough I have over 650 publications in the National Library of Medicine. I imagine that's probably ahead of anybody you've had on the show. You mentioned Paul Merrick. I'm just ahead of Palmer and Peter Cory. You mentioned him in critical care.

Dr. Peter McCullough I'm just ahead of Paul, a lot younger than he is. And when COVID hit, I really dropped everything to put all of my academic efforts on this because I saw it as an all hands on deck situation.

Joe Rogan Now, when did things start to seem strange to you? In terms of the way the information was allowed to be distributed in terms of the way people were treating patients and not just that, but the information on how to treat patients was distributed.

Dr. Peter McCullough I didn't see this coming. To tell you the truth, I was pretty happy in life. Medicine was moving along for me and had a very highly ranked position at a major academic medical center and traveled frequently and did all the things we normally do in academic medicine, meeting interchanging, challenging, being skeptical with one another. That is the lifeblood of academic medicine. And things are going great. In March, this hit, we immediately took efforts.

Dr. Peter McCullough We thought it was going to hit Dallas. We started looking at things, how to configure our workforce. I went and got a grant, got a large grant to study a prevention approach to protect our workers at our health care facility. And I work with the FDA over a weekend to get an

investigation drug application awarded in my name in order to test a prophylactic approach. And things were going great in March.

Dr. Peter McCullough And I can tell you it wasn't but a few weeks in April on these task force calls. I was on routine health system calls once a week, and I was on one with the National Institutes of Health, and I asked a question. I said, when are we going to start to treat the problem? People are getting sick out there. They're starting to be hospitalized. Some are dying.

Dr. Peter McCullough When are we going to start to treat patients? It's too late for the hospital. It's too late to treat people. It's obvious they're dying in the hospital.

Dr. Peter McCullough We must start early and you could basically hear a pin drop on these calls. No one had an idea about treating Covid-19 at home.

Joe Rogan Was there no thought about it? Was there no discussion or was it just not a point of focus? What was the problem there?

Dr. Peter McCullough I think it was a grip of fear. Doctors for the first time in their lives felt like they could get the disease themselves if they actually saw and examined these patients. All the discussion was on personal protective equipment, hand sanitizer, negative air flow rooms. It was all about protecting the healthcare workers. There wasn't any focus on sick patients.

Dr. Peter McCullough And after the weeks went by, I became incredibly frustrated. I started communicating with our Italian colleagues. I said, What's going on? You guys are getting blasted in Milan. Is there anything we can do to treat patients at home and stop these hospitalizations?

Joe Rogan And were you alone with this concern? Were there other doctors that were joining you with this and were there treatment protocols that had been put into place that were being tested?

Dr. Peter McCullough There were no treatment protocols that emerged. We started looking at work done by Didir Realt in Marseille, France, by Vladimir Zelenko in Monroe, New York, and started communicating very early on with the Italians. And I had great relationships with the Italians in Milan.

Dr. Peter McCullough And what we had decided is we had decided on some principles early on their first collaboration, and my contribution was really to get people together, get the ideas together and publish. And I had the publication strength that other people didn't. I got the first organized ideas together. In April, May, June, we submitted our paper July 1 to the American Journal of Medicine, which is one of the highly ranked journals in medicine. And it was published in August. This is the first publication teaching doctors how to treat COVID 19 with a multi drug regimen. And the groundwells were this. We knew it was insufficient time for large randomized trials. Those take two to four years. I lead large randomized trials.

Dr. Peter McCullough I published in the New England Journal Madison. I know what this is about. I'm on steering committees. We don't have two to four years. This is a mass casualty situation.

Dr. Peter McCullough We use the precautionary principle, meaning that this is a mass casualty event. We can't wait. We're looking for drugs with a signal of benefit and acceptable safety. We knew very early on that this viral infection had three components. It was viral replication, cytokine, storm or inflammation and then thrombosis.

Dr. Peter McCullough So we know a single drug wasn't going to handle the problem. No way. It was going to be a multi drug regimen, just like with HIV, just like with hepatitis C. No difference in multi drugs. So precautionary principle we use signals of benefit acceptable safety drugs in the combination test, retest and go. And so at the time we submitted our paper.

Dr. Peter McCullough Joe, there was about 4,000 papers in the peer review literature on Covid 19. I started to check that there was 55,000 papers in the peer review literature on Covid 19 and about 4,000 that could have related to certain drugs, but not a single one put the concepts together and how to treat patients.

Joe Rogan So this was the first one and it was published in August. August of 2020.

Dr. Peter McCullough The American Journal of Medicine The title of the paper was the Pathophysiological Basis and Rationale for Early Outpatient Treatment of COVID-19. That quickly after August spawned the Association of American Physician and Surgeon's Home Treatment Guide. Interesting organization is independent doctors. They accept no money from pharmaceutical agencies. They've been around since 1943.

Dr. Peter McCullough They had early on sued the federal government to release the stockpile of hydroxyquirquin. US had the right idea. As other countries they stockpiled hydroxychorquin. Then there was the problem of it wasn't being released from the stockpile. And so during my development work early in 2020, I got a call from the White House.

Dr. Peter McCullough Peter Navarro called me. So listen, McCullough, can you help me get hydroxychloroquine released? Rick Bright and others in the FDA seemed to be colluding to block hydroxychloroquine coming out of the stockpile in Marseille, France did. I was working with hydroxychloroquine and it was over the country. In France.

Dr. Peter McCullough They made a prescription and they started making it hard for him to use. So these things started happening early to try to prevent treatment of patients with Covid.

Dr. Peter McCullough They made a prescription and they started making it hard for him to use. And then simultaneously in Australia, they had taken hydroxychloroquine and they had put it up in Queensland as basically an untouchable drug. If a doctor attempted to use hydroxychloroquine to treat a Covid patient in early April, that doctor could be put in jail. So these things started happening early to try to prevent treatment of patients with Covid-19.

Joe Rogan Why do you think that's the case? And why do you think that hydroxychloroquine would have been effective?

Dr. Peter McCullough 2006 forward. There were studies with hydroxychloroquine that demonstrated that it reduced replication of Sars-CoV1, the first version of the SARS virus.

Joe Rogan Yes, we talked about that the other day. Wasn't it just chloroquine? Was it chloroquine or hydroxychloroquine?

Dr. Peter McCullough Originally there was chloroquine, hydroxychloroquine and mefloquine. So there's antimalarials. They're similar in terms of their biochemical property, but they have three mechanism action. They increase the lysosomalph. So when the particles taken into the cell, it doesn't travel so well to the nucleus.

Dr. Peter McCullough Hydroxychloroquine one, bring in zinc. It's a zinc Iona. Four zinc goes in and actually antagonizes the RNA dependent polymerase, which is needed for the virus to replicate. And then hydroxychloroquine is a well known and established anti-inflammatory we use it in lupus. We use it in rheumatoid arthritis, and it's obviously an intracellular anti-infective. We use it for the prevention of malaria.

Joe Rogan Was the problem, that there was a lot of problems with Donald Trump being in office, that when he would approve of something or when he would talk about something, people would attack that

thing. And hydroxychloroquine became something that he talked of as a cure and talked about as a treatment for COVID. And then it became politicized and then support for hydroxychloroquine became support for Trump.

Joe Rogan    Would you think that that was accurate?

Dr. Peter McCullough   I'd have to look at the timeline. Boy, it was quick because the backlash against hydroxychloroquine was so strong in Brazil and Australia.

Joe Rogan    Why do you think that is, though?

Dr. Peter McCullough   The question is, did it happen before, after Trump said anything, it happened very quickly through the course of the year was extraordinary. Do you know the second largest producer of hydroxychloroquine was a plant was mysteriously burned down outside of Taipei? It was extraordinary what was going on. Doctors from Africa were telling us that there were some type of mercenary people rating the pharmacies at night and burning the hydroxychloroquine.

Joe Rogan    Now this is before the emergency use exemption or the emergency use authorization for the vaccines. The emergency use authorization. In order to have that you cannot have effective treatments.

Dr. Peter McCullough   We have to be careful. The emergency use authorization is a new mechanism or a previously unused mechanism for regulatory pathways of drugs.

Dr. Peter McCullough   And my interpretation of it and everybody's interpretation is fair game, since it's pretty loosely written quite honestly, depends on indication. So a vaccine would be indicated for the prevention of Covid-19 illness, hydroxychloroquine or Bamlanivimab or any of these other drugs we approved for the treatment of two separate indications. The EU should not be viewed in my view as competitive. In fact, it can't because remember, Bamlanivimab, the Lily product as well as Remdesivir, the Giliad product. They preceded the vaccines and they didn't preempt the vaccines coming out of the market.

Joe Rogan    But remdesivir had problems of its own.

Dr. Peter McCullough   Correct with kidney failure. Remdesivir was basically a repurposed, failed Ebola drug and it does have intellectual property ties through Gilead back to the Chinese. So the Chinese originally were collaborating with us very tightly. I have tons of emails from the Chinese.

Dr. Peter McCullough   They were trying to alert us. What's going on with Covid-19. Remdesivir came up. It's a polymerase inhibitor. As a general, I told you, hydroxychloroquine has three mechanisms of action.

Dr. Peter McCullough   You've reviewed previously Ivermectin, which also has three separate mechanisms of action. Remdesivir is a one horse show. It's a single mechanism action. It inhibits the polymerase and it unfortunately, as the data have borne out, it's given far too late in the illness. Right.

Dr. Peter McCullough   So the polymerase is active early in viral replication. So if you gave it on day one, it may actually do something, but if you give it on day 14. By the time someone comes in the hospital, the Iris is done replicated at that point in time and then all I can do is offer toxicity. And you're right, it's a five day infusion of Remdesivir. Early on, we heard about the hepatic toxicity.

Dr. Peter McCullough   In my experience, I could never get a patient through five days of therapy because the liver function test, the ASD and alt would skyrocket. Now it's become clear it's been associated with acute kidney injury and the kidney injury is not tolerated in Covid 19 because any retention of fluid makes the oxygen saturation and lungs far worse.

Joe Rogan So why do you think there was this demonization of hydroxychloroquine? And do you have a theory as to why they would try to restrict the distribution of it or why they would if someone wanted to burn down the factories that produce it, why they would do that?

Dr. Peter McCullough It was clear that Hydroxychloroquine one was the most promising drug that we had for Covid 19. In my experience, I could never get a patient through five days of therapy because the liver function test, the ASD and alt would skyrocket. Now it's become clear it's been associated with acute kidney injury and the kidney injury is not tolerated in Covid-19 because any retention of fluid makes the oxygen saturation and lungs far worse.

Dr. Peter McCullough By the way, we tested retanivar HIV drugs, they quickly fell to the side. Other drugs were tested, but Hydroxy came forward as the lead agent and currently we're up to 300 completed studies with Hydroxychloroquine and 32 early treatment studies, and it does have an effect size or an efficacy early in treatment of about 64% globally across the studies and its toxicity profile is well understood. Hydroxychloroquine, like Ivermectin and the other drugs, are already FDA approved. The FDA tells doctors to use drugs off label it's in their guidance to us, and actually they have an FDA has a piece to patients that was published in 2018 saying, Why does your doctor used off label drugs? And it says when the doctors are fulfilling an unmet need, ie., Covid-19.

Dr. Peter McCullough There's no new drugs from 19. So we use these drugs. What's called clinically indicated, medically necessary, appropriate off label use of drugs.

Dr. Peter McCullough Hydroxy was the first one up. A giant mistake was to actually place an emergency use authorization on Hydroxychloroquine and the original that was placed on Hydroxy, which didn't need one because it's already on the market, right? It was placed for inpatient use. And then the interpretation was that it was a Hydroxychloroquine and was restricted to inpatient use. So once it became restricted at inpatient use, then there were messages saying, Listen, don't use it unless somebody is an inpatient.

Dr. Peter McCullough Then when we found out the Hydroxychloroquine, like Ivermectin, works best early and has less of an effect late like all the other drugs because people are too far gone. Once those trials were completed, there's five randomized trials of inpatients with hydroxychloroquine as they're about to go on the ventilator. And those five trials are neutral. They don't show harm, they don't show benefit, they're neutral. One of them was the NIH trial.

Dr. Peter McCullough There's only two placebo controlled trials by the way. So we've based the entire house on hydroxy on two placebo controlled small inpatient trials that didn't have sufficient power to see an effect if indeed, it was there. Having said that they were flat on the outcomes of mortality and progression in the hospital. And so based on that, in June of 2020, the FDA came out across the board and said, based on this, do not use Hydroxychloroquine to treat Covid-19, period, full stop. They never reviewed the data a second time or a third time.

Dr. Peter McCullough And I can tell you, as a doctor, the FDA, the CDC and the NIH, our public service agencies. To me and you, we don't work for them. They don't issue us rulings. They work for us. And I'm telling you, as a leader in academic medicine, my expectation was monthly reviews from those three entities and the White House task force.

Dr. Peter McCullough Matter of fact, the White House task force can do it. I needed a monthly report of what drugs are working and what drugs weren't. We didn't see any of that.

Joe Rogan Why do you think that is?

Dr. Peter McCullough I talked to Scott Atlas. I presented with him a couple of weeks ago, and I had dinner with Scott. He was on the inside. He worked side by side with these people for months. I said, Scott, what is going on? Scott goes, I did what Peter McCullough would do.

Dr. Peter McCullough I showed up every day with the data. I analyzed things. I had the updates on what's going on with the pandemic. Scott was focused on mass contagion control in schools, but he's an academic.

Dr. Peter McCullough He's at Stanford Hoover Institute. I said, what about the other people on the task force? What about the head of the NIAD? What about the CDC director? He goes, they showed up with nothing.

Dr. Peter McCullough I said, You've got to be kidding me. They're not analyzing any data? He goes, "Have you ever seen them come on TV and analyze any studies?" I said, no. He thinks that this is a crisis of academic incompetence.

Joe Rogan Just incompetence, not some sort of a conspiracy to demonize Hydroxychloroquine for profit, for some other means, to promote some other treatment or drug.

Dr. Peter McCullough It wasn't me but someone in the crowd. This was a symposium that was held by Pam Popper.

Dr. Peter McCullough Dr. Popper's got a wonderful book out on Covid 19. And so does Scott Atlas. His was about the White House. And someone in the audience asked Scott. So listen, do they have another intention?

Dr. Peter McCullough Were they directly trying to squash hydroxychloroquine at the time? He said, no, he said they had good intentions for the nation. He said, they're just incompetent.

Joe Rogan So is it possible that the demonization of hydroxychloroquine was because Donald Trump supported it? Because I know the way I had been hearing about it was hearing about it through him.

Joe Rogan He talked about it. It's basically a miracle. Do you remember all that stuff he was saying? It was a miracle.

Dr. Peter McCullough As I recall, that was late March. I think when it was honestly made illegal in Australia. It was early April. I went on Tucker Carlson, we had the same type of discussion. Tucker says, "How did the Australians know to make it illegal so early in April?" He goes that's before all the research was done.

Dr. Peter McCullough Remember, Henry Ford came out with a 3,000 patient study and actually used in the hospital. It wasn't randomized, but they got consent. It was very carefully done. I was a program director at Henry Ford in the past. I know that institution really well.

Dr. Peter McCullough High quality, top shelf. I was communicating with them. They said, Listen, it works. It is clear it works. This is an unconfounded study.

Dr. Peter McCullough And that was one of the studies that, in fact, we relied upon in order to put hydroxychloroquine in sequence multi-drug therapy. That was before the data with Ivermectin came in. So, Ivermectin came in later. And so our update. When we published our update in December of 2020, we brought in Ivermectin.

Dr. Peter McCullough The Japanese had told us about Favipiravir in the Russians head. A lot of people don't know this. There is an oral antiviral approved and used in Japan and Russia and four States in India called Favipiravir. That is an oral polymerase inhibitor, so it's like an oral Remdesivir. It's very similar to the new drug Molnupiravir.

Dr. Peter McCullough This is an oral polymerase inhibitor. So the antivirals we actually buy. Our recommendations now had three antivirals that we could recommend worldwide for that layer of treatment. Now, antivirals alone are not sufficient, and they are not necessary to treat COVID-19. It's very interesting for people to say this.

Dr. Peter McCullough People wanted to put up hydroxychloroquine, wind up on a pedestal and say, Listen, if we can knock down hydroxychloroquine, there will be no treatment for Covid 19 and we can promote some other agenda or if we can knock down Ivermectin and Dr. Chetty from South Africa and Dr. Brentios from South America, given the politicization of both drugs, because Ivermectin in the next wave became the next target of politizatiaon, if you will, if it's politics. But I have to tell you, it's so worldwide. I hate that word politician.

Dr. Peter McCullough I think it's some other process. But the point is they demonstrated that the syndrome as an outpatient can be treated without those drugs. They use a different combination of drugs in the sequence. The Chatty method is called the time method. In a sense, you let the viral, you rate the virus, make its run on replication and then pick it up with Montelukast ciproheptadine, inhaled steroids, oral steroids, and then anticoagulants. They treat the back end of the syndrome.

Joe Rogan Now again, though, why do you think hydroxychloroquine was demonized? Why do you think that it was, especially so early on in Australia? It can't be universal incompetence across the board. So one of the things that's interesting about Ivermectin is it's not demonized worldwide. It's distributed widely in other countries and it's shown some effectiveness.

Dr. Peter McCullough Absolutely. Ivermectin now is first line in Japan. It's attributed to crushing the curves in Mexico.

Dr. Peter McCullough In Peru absolutely crushed the curves in India. We've been in close communication with them. Ivermectin is an interesting drug and I know you've reviewed it in depth on this show, so I'll leave it to experts like Dr. Kory and others there, but I use it every day in my practice I have no problems with Ivermectin. It is safe and effective.

Dr. Peter McCullough It's been a Nobel Prize awarded in 2015 for Ivermectin. But hydroxychloroquine, I think worldwide is still the leading drug used to treat Covid at 19. Just because of its availability, it's known dosing about the interesting thing between Hydroxychloroquine and Ivermectin is Ivermectin has a range inpatient and outpatient and has a bigger effect size. In general. Both of them have are still lacking the 20,000 to 40,000 patient clinical trial as a singular drug.

Dr. Peter McCullough And I honestly don't think we'll ever get there. By the way, we're in the multi drug space, so we're never going to go back to single drugs. We're in the multi drug environment. So there are no large multi drug trials even planned at this point in time. So we're left with where we are signals to benefit acceptable safety.

Dr. Peter McCullough But to finish the thought, Ivermectin has a range of effect sizes that are gratifying inpatient and outpatient diminishing efficacy later. Hydroxychloroquine has really no support on the inpatient side outside the big Henry Ford study. So Hydroxy is largely an outpatient drug. The advantages of hydroxychloroquine are stable dosing, 200 milligrams twice a day. We either go 5, 10, or 30 days. We even have protocols where it's been done that way.

Dr. Peter McCullough Ivermectin the dosing is 200, 400 or 600 micrograms per kilogram, and the dose intervals still are yet to be standardized or worked out. So it's interesting. So you see an entire range of doses of Ivermectin, even clinically today.

Dr. Peter McCullough I don't know. Do I go five days? Do I do ten days? Do I do every other day? I don't know.

Dr. Peter McCullough We use the drugs and I'm comfortable with that. I can live with ambiguity in the setting of a crisis. The point is, these are very safe and effective drugs. They're useful drugs. I saw a trend.

Dr. Peter McCullough You've asked me three times, so I'm going to answer it. I saw a trend starting in April, May and June where it became clear that anything we were doing to try to help patients with early treatment was receiving a chill and the chill was coming through academic institutions through the medical literature. I think the capper was in June when there was a fraudulent paper published in Lancet on Hydroxychloroquine between Harvard and a company called Surgisphere. And this never happens. Lancet is like the New England Journal Medicine of the World.

Dr. Peter McCullough I'm the editor of a major Journal. I run a Journal. I know what it takes. There are editors, associate Editors, reviewers. There is pinpoint accuracy.

Dr. Peter McCullough We check references we check plagiarism. Believe me, it's a tight world out there. They basically published a fraudulent paper on hydroxychloroquine in Lancet in 2020 around June, and they let it hang up there for two weeks stating that hydroxychloroquine was associated with harm when used in patients with COVID-19.

Joe Rogan Who made this study?

Dr. Peter McCullough It was between one investigator who was at Harvard, and it was by a company called Surgisphere that nobody knew what this company was. It turned out to be a company that literally just dissolved or went away without anybody understanding.

Joe Rogan So it's a company that was created specifically to do this.

Dr. Peter McCullough Don't know. Don't know. All I can tell you is I looked at the data, Joe, and they had tens of thousands of people they claimed were hospitalized with covid 19, fairly early in the pandemic. The average age of these people hospitalized was in the low 40s. I looked at this paper in 2 seconds. This doesn't make sense. We were hospitalizing people in their 80s, not in their 40s. And so to me, it didn't look right. And then people started writing Lancet saying, listen, it doesn't look real.

Dr. Peter McCullough And they started receiving tons of emails. And then Lancet basically retracted it and said, we retracted it. No apologies, no explanation. I interpret that. And that occurred right before the FDA said, don't use hydroxychloroquine. It almost looked like it was a step to basically try to bury hydroxychloroquine as a therapy.

Joe Rogan But why? This is what I still understand. What do you think is the motivation and why was it so worldwide?

Dr. Peter McCullough As a doctor, all I can tell you is the medical literature, as we are seeing it come about. There was, once the discovery that the spike protein on the virus, the discovery in the medical literature. Now that discovery we learned actually occurred years before. This was amenable to neutralization with vaccine induced antibodies. Once that became abundantly clear in the literature, there appeared to be almost a lockstep developed where people said that's it. That's the solution. We're going to vaccinate our way out of this problem.

Dr. Peter McCullough We don't even need to worry about how to treat the problem. We don't need to hear about drugs to treat the problem. And the enthusiasm and the hubris for vaccination spread across academic medical centers all over the country.

Joe Rogan     But what about the people that were currently sick and they were still waiting for the roll out of the vaccine. So if you're talking about August, the vaccine wasn't rolling out for another four months. And that's just for elderly people.

Dr. Peter McCullough   I published an op Ed in August of 2020 in the Hill, a Republican Journal for Washington people and others in those circles. And the title of the oped was The Great Gamble of the Covid 19 Vaccine Development Program. And what I saw is I saw a total shift on everything for the vaccines. Do you know major clinical trials of hydroxychloroquine were dropped, Ivermectin things were dropped.

Dr. Peter McCullough   We had programs for Favipiravir, the Canadians had a big thrust for Favipiravir dropped. I was the principal investigator overall for the Ramatraban program. That was a Japanese product. It was an anti coagulant antihistamine look very promising. We had great preliminary data.

Dr. Peter McCullough   We had a bear that was going to give us all the doses we needed to treat America. I was on calls between the NIH and the FDA. Back and forth, back and forth. I couldn't get any traction in the summer of 2020. It was obvious.

Dr. Peter McCullough   In fact, I remember one of the operation Warp speed officers telling me, listen, sorry. We have everything organized for the current program. I was also the assistant. I was kind of second in charge of the Modulon program, which was a cellular based vaccine that was a vaccine similar to the BCG vaccine, which is given for tuberculosis. We had noticed that regions that were vaccinating for tuberculosis like Haiti and countries in Central Africa, very little Covid.

Dr. Peter McCullough   And so we had the idea. We got a Dutch manufacturer to actually make this cellular based vaccine. We're going to vaccinate healthcare workers. Same thing. Endless proposals between NIH and FDA got nowhere because it looked like it was already pre decided that the current set of genetic vaccines were going to move forward.

Dr. Peter McCullough   There wasn't going to be any discussion on early treatment. I thought it was a gamble. I was faced with more and more of my patients getting sick with Covid-19 and what I told people all over. I said, listen, I can't let the virus slaughter my patients. I'm not going to do it.

Dr. Peter McCullough   I said, there's got to be something I could do. Early on. I used hydroxychloroquine. Other drugs in combination, Pierre Kory, I give him great credit.

Dr. Peter McCullough   His first contribution is actually steroids in the use of COVID-19. So we started using steroids. Once it was shown to us, we added steroids. The data started coming out anticoagulants, and that's how I put it together. I tell you, Joe, every single one of my high risk patients I've always treated to prevent hospitalization and death.

Dr. Peter McCullough   Of the 800,000 deaths that we are right now, I can tell you to a one they've received either no or inadequate early treatment. Go look in a table of baseline characteristics of hospitalized patients with COVID-19 and look at what they received before they came to the hospital. In fact, there's one paper by IP and colleagues. Last name is spelled I-P.

Joe Rogan     All of them?

Dr. Peter McCullough   Go look in a table of baseline characteristics of hospitalized patients with COVID-19 and look at what they received before they came to the hospital. Zilch. In fact, there's one paper by Ip and colleagues. Last name is spelled I-P.

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Dr. Peter McCullough It was published from New Jersey early on. And in that paper back when there was a surge of hydroxychloroquine in the spring of 2020, 7% of people had received some prehospital hydroxy before they got to the hospital. They had improved survival. Even some prehospital treatment really worked. So what happened is when we came up with our treatment protocols, the protocol that I mentioned, it sounds like describing what you received as a treatment.

Dr. Peter McCullough You basically received. The McCullough protocols now been copyrighted sequenced multi-drug. Once the monoclonal antibodies came in, that became a building block in our program. And we can maybe show that my multi drug protocol on the screen. If we can look at it.

[Click image to view larger version McCullough Covid Treatment Protocols](#)

Dr. Peter McCullough The point is that any pre hospital treatment was associated with improved survival because we're taking an edge off reducing some of the inflammation, preventing some of the thrombosis. If we let this thing run for 14 days, Joe, the lungs are filling with blood clots by the time the oxygen saturation goes down. That's not the virus. The Italians showed us through autopsy studies. Very courageous autopsy studies. The lungs are filled with micro blood clots

Joe Rogan So, in your opinion, if your protocol had been established and distributed worldwide, if people had recognized that this is a way to deal with early treatment, you think that the overall number of Covid deaths would have been significantly reduced.

Dr. Peter McCullough I testified in the US Senate, November 19, 2020. I told Americans, under oath, that 50% of the lives at that time could have been saved. We were at about 250,000 deaths, based on what I knew. I then testified on March 10, 2021 in the Texas Senate, sworn testimony, I upped that to 85% of the deaths could have been avoided.

Dr. Peter McCullough We know that because we carried out studies. We did one with Proctor here in Dallas Fort Worth, where we demonstrated that even the early primordial protocols before the monoclonal antibodies, when we use drugs in combination, we're associated with 85% reductions in hospitalizations and deaths compared to fair compared to groups. For death, we use the TriCounty area and DFW averages age adjusted and for hospitalization, we use the Cleveland Clinic Calculator, which is a very precise estimate of the risk of hospitalization. Then simultaneously, Durham and Zelenko showed that from our own New York data and then did a real showed it from Marseille, France.

Dr. Peter McCullough So we have three different areas showing early multidrug therapy as an outpatient works substantially. And we've had a giant loss of life, a giant number, millions and millions of unnecessary hospitalizations. And it seemed to me and I've told Tucker Carlson and many others, it seems to me early on there was an intentional, very comprehensive suppression of early treatment in order to promote fear, suffering, isolation, hospitalization and death. And it seemed to be completely organized and intentional in order to create acceptance for and then promote mass vaccination.

Joe Rogan So you believe this is a premeditated thing that they were doing. So they realized that in order to get people enthusiastic about taking this vaccine, the best way to do that was to not have a protocol for treatment.

Joe Rogan It's not just my idea now. It's completely laid out by the book by Dr. Pam Popper, the book recently published by Peter Breggin, Covid-19 and The Global Predators: We are the Prey. I wrote one of the introductions.

Dr. Peter McCullough Dr. Leefleet and Dr. Vladimir Lesenko wrote the other introductions. These books are basically nonfiction. They have 1000 citations in the Breggin book showing how it was coordinated and planned.

Dr. Peter McCullough Now Bobby Kennedy has his book out, The Real Anthony Fauci, I'm the most mentioned physician in that book. I can tell you that if you want to find the evidence that Moderna was working on the vaccine before the virus ever emanated out of the lab, if you wanted to find the collusions and the operations between the Gates Foundation and Gavby and Sepi and Pfizer and Maderna and the vaccine manufacturers and the Wuhan lab and the National Institutes of Health and Ralph Barrack and University of North Carolina at Chapel Hill, and how all this was organized. If you want to see the Johns Hopkins planning seminar called the Spars Pandemic in 2017, where they had a symposium, people showed up. They wrote up their symposium findings. They published this.

Dr. Peter McCullough It says it's going to be a coronavirus. It's going to be related to MERS and SARS. It's going to come over here to the United States. It's going to shut down cities and frighten people. There's going to be confusion regarding the drug hydroxychloroquine and Ivermectin.

Dr. Peter McCullough And we're going to utilize all that in order to railroad the population into mass vaccination. It's laid out in the Johns Hopkins sparse pandemic training seminar. The only thing that got wrong was the year they said it was going to be 2025. Instead, it landed a few years early.

Joe Rogan How did they organize something like this? And how do you get so many doctors to go along with this? How do you get so many doctors to not speak out against the lack of pre hospitalization care, the lack of early treatment.

Dr. Peter McCullough We think there's about 500 doctors who knows what's going on in the United States.

Joe Rogan 500?

Dr. Peter McCullough 500. We got a million doctors in the United States. We got half a million nurse practitioners and physician assistants. I can tell you the nurses are more awake than the doctors.

Joe Rogan Why is that?

Dr. Peter McCullough The doctors appear to be like many of our leaders. By the way, all the leaders of the major churches, every single one of them, the major religious branches, are under the spell. Every major global international leader is under the spell. We're in what's called a mass formation psychosis. This is very important.

Dr. Peter McCullough I give credit to Dr. Mattias Desmet in the University again in Belgium. And recently, Dr. Mark McDonald, psychiatrist from L.A. Mark McDonald's, got a new book out the United States of Fear, describing how the mass psychosis developed. What your listeners need to know is a mass psychosis is when there is a groupthink that develops that's so strong that it leads to something horrific. And the examples are these mass suicides that occur in these religious cults.

Dr. Peter McCullough The example is Nazi Germany. When people walk into gas Chambers and we guess these horrific things in four elements here. It's very important, Joe. First, there must be a period of prolonged isolation. Lockdowns. Number two, there must be a withdrawal of things taken away from people that they used to enjoy. That's happened.

Dr. Peter McCullough Number three, there must be constant, incessant, free floating anxiety, all this new cycle, all the deaths and the hospitalizations, more variant mutant strains, everything, people becoming scared over and over again. The last thing, number four, the capper is there must be a single solution offered by an entity in authority, and in this case, is clear. Worldwide. The solution was vaccination. Everybody must take the vaccination.

Dr. Peter McCullough It's not a US program. It's not a European court. It's everywhere. And you know what Joe, it doesn't matter what vaccine it is. It could be China vac, Corona Vac.

Dr. Peter McCullough It could be Novavax. It could be Pfizer, Moderna, J and J. It's interesting that it doesn't even matter what vaccine it is. It's just take a vaccine, take any vaccine. And so what mass psychosis says is number four, the solution. There's no limit to the absurdity of the solution.

Joe Rogan Other countries have been much more ruthless in their enforcement of vaccinations, and it's kind of opened a lot of people's eyes as to what's possible when you look at some of the European countries, the way Germany is handling it, even the way New Zealand is handling it in Australia, for sure, people are terrified when they're seeing these places that they thought of as being as free as the United States falling into this sort of totalitarian regime situation where the government is telling the people what they must do and literally checking everyone for papers. And people don't seem to think that this is a problem. A large percentage of people don't seem to think this is a problem. They think it's good because we need to vaccinate everyone.

Joe Rogan But they don't have an issue with what has historically always been a problem with people. When you give governments extreme amounts of power over people, they tend to like to use that power and they don't ever want to give it up. And we've opened the door to these new levels of power for the government. And people say, well, that's important because we have to do it because we're in the middle of a pandemic and we have to treat these people because some people are silly and they believe conspiracy theories and they don't want to take the adequate treatment. And that's going to get everybody else sick, which doesn't really make sense.

Joe Rogan But the whole thought behind it is that this is temporary, but it's never temporary. Power lost is never regained all freedoms lost unless you fight for them. They're kind of lost forever. And so these people that are giving into these green passes, and they're seeing that in Israel now, right where Israel used to be, you have two vaccines, two shots, and then you get the green pass and you're considered fully vaccinated. You can enter society.

Joe Rogan Now they're saying, no. Now you have to have a third. And now they're considering a fourth, which is wild and there's no end in sight.

Dr. Peter McCullough If it was about COVID, I would say that the world would have adopted something that I presented to the American people and the Senate testimony in November of 2020. I told America, listen, there's four pillars to pandemic response.

Dr. Peter McCullough We should have always seen teams of doctors in Washington. I would have went if they called me. In fact, I emailed. They know who I am. We would have seen teams of doctors in Washington working on four pillars.

Dr. Peter McCullough The first pillar is reduced. The spread of infection. Terrific. Everything we can to improve airflow. We know it's spread by the air.

Dr. Peter McCullough It's not a hand infection. This focus on hand sanitizers, like we're all getting infected hands. You still go on DFW Airport. There's hand sanitizers every 6 feet.

Dr. Peter McCullough There was pictures of people spraying football stadiums with sanitizer. It's not spread on football seats. It's not a contact organism. It's not Ebola. It's not Clostridioides difficile.

Dr. Peter McCullough It's spread in the air. But if we would have focused on contagion control, that was reasonable, that would have been terrific. The most effective contagion control, by the way, is 2021 data is actually using oral nasal virucidal therapy far and away.

Joe Rogan Yea, explain that, please.

Dr. Peter McCullough Yeah. Oral nasal virucidal therapy is basically using virtually anything kills the virus. Any disinfectant kills the virus, iodine kills it on contact. So, if we use dilute betadine and so if you take a betadine over the counter, it's a brown bottle. We use it to sterilize wounds in the E.R. Buy it at any pharmacy and take two teaspoons and 6oz of water. Take a nasal spray or a syringe bulb and spray it up your nose, snort it back to the point and back your throat and spit it out. I'm sorry, that's gross for your audience, but you got to get it up there and back, that adequately decontaminates the nose, then gargle with the rest of it.

Dr. Peter McCullough Spit it out, finish up with some scope or listerine. Doing that after you return from a day out with contact with people, especially close contact in close rooms. I'm talking public restrooms, small conference rooms. You have to be in contact with someone for about 3 hours.

Dr. Peter McCullough Honestly, in a small room with no airflow to get it or go into a loaded room like a public restroom or tight places at small stores. The bottom line, that's where people get it from. Once it gets home, 85% of it spreads in the house. But using oral nasal virucidal therapy is such a huge advance that in a randomized trial by Chowdhury and colleagues from Bangladesh, 303 patients randomized to this virucidal therapy, which is all topical, no prescription drugs, nothing else needed versus a control group, which was just warm water. 303 patients in each group, it dramatically reduced the PCR positivity by day three.

Dr. Peter McCullough It knocked it down from 303 down to 24 patients still positive. Those who got the control they're still all positive, and it markedly reduced by easily 75% chances of having progressive disease ending up the hospital or death. And it's enormously preventive. And now we learned we can use hydrogen peroxide with some lugols Iodine. And believe it or not, the dentists in the American Dental Association guidelines used for Cytomegalovirus and Epstein Bar virus gingivitis.

Dr. Peter McCullough They use sodium hypochlorite, that's actually dilute bleach. Turns out it just takes a few drops of bleach in some household water. That's for the mouth. We typically don't use it in the nose, around the eyes. But remember when President Trump mentioned bleach and everybody had a big horse laugh on that?

Dr. Peter McCullough It turns out he just couldn't articulate. Someone was giving him the ADA recommendations for antiviral therapy for the mouth. The point is, pillar number one should have been contagion control. It should have been focused on the nose and the mouth. We learned it early.

Dr. Peter McCullough We learned it late, but if we could have used any of that early, it would have helped. Randomized trials of masks didn't work. Hand sanitizers and spraying football stadiums. There was even in Europe, they were spraying the sidewalk. That doesn't work.

Joe Rogan Do you think the masks have any effect on limiting the spread?

Dr. Peter McCullough You know, every time I go on Fox News, Laura Ingram always tees up some comment on masks and masks are not my signature focus, right? And the reason being, if two people don't have the virus and they wear a mask, can it possibly do anything? Of course not. So in randomized trials of masks, the vast majority of people don't have the virus.

Dr. Peter McCullough So if you put masks on people who don't have the virus, it's not going to do anything. Mask expert Mr. Stephen Petty, who I've presented with. He is a world's expert on mask. He's an engineer with a typical mask that someone wears.

Dr. Peter McCullough Do you know how much air moves around the mask is? 18% moves around the mask. Of course it doesn't work. Masks only filter out about three microns. The virus is one Micron.

Dr. Peter McCullough So the point is, what do masks do? Do I wear a mask? Sure. I'm a doctor. I go into the hospital.

Dr. Peter McCullough I'm in the Cath lab. I'm close contact with people, dentists, hairdressers, people at close range wear mask. It may stop a big sneeze. It may stop partially some big emanation of inoculum, but we shouldn't have had the air time and the public health focus on masks. I think if we would have taken all of that energy and put it on treatment protocols and update on drugs, we would have been better off.

Dr. Peter McCullough But that's contagion control. Pillar number two is early treatment. We've talked about that. Pillar number three, which is really important, is trying to improve the hospital treatments. And we should have had monthly updates from our federal officials and our agencies about where we are with early treatments. And for sure, our local medical schools should have all had early treatment updates once a month.

Dr. Peter McCullough Come on, the medical centers are facing their Super Bowl. Do you know today in America, we have 300 medical schools. Harvard, Yale, Johns Hopkins, Mayo Clinic. Not a single hospital has their own unique protocol to treat Covid 19. They don't have a single original idea. Do you know that none of those organizations, Joe, have ever treated a COVID patient to prevent hospitalization and death?

Dr. Peter McCullough I told Tucker Carlson he almost fell out of his seat. I said, yeah, they don't have a single idea how to treat Covid-19 patients outside the hospital. Suddenly our best and our brightest are out of intellectual ammo

Joe Rogan I want to talk more about this mass psychosis. Do you believe that this is an organized mass psychosis? This all these steps that you put about isolation, taking away basic freedoms and then offering up one individual, single solution to this. And this is what has sort of fueled this. What's very obvious to people that there's a lot of people that are not acting well. They're not acting normal.

Joe Rogan They are attacking people that seem to be ideologically opposed to whatever is going on, and they're marching in lock step with the authoritarians, and they're doing it like you would like Stockholm syndrome or something. It's very strange. But do you think this is an organized thing? Do you think this is just what happens when you have a massive group of people that are dealing with an incredibly tense and anxiety ridden event, like a pandemic where no one knows what the solution is. And a lot of people are terrified of just everyday life.

Joe Rogan And then all of a sudden, something like this comes along. And those are the people that are more easily manipulated and they fall in line together because there's sort of a tribal aspect, this type of thinking and behavior. And you find support from other people that are equally afraid.

Dr. Peter McCullough No, the mass psychosis clearly is focused on pillar number four. That was the last pillar that I presented to the Americans in November of 2020 in the US Senate.

Dr. Peter McCullough This is before the vaccines came out, and that is vaccination. Listen, vaccination should play a role. I've taken all the vaccines. My kids have taken all the vaccines. I went to India. I took extra vaccines.

Dr. Peter McCullough So I don't have any problem with vaccines. What has happened is I want to say, by April of 2020, it was clear that the vaccine development program was far more advanced than we ever could have imagined. How could we have actually figured out the neutralizing antibodies and have the sequence to the spike protein and have all that ready to go? I have already figured out how to load it into messenger or adenoviral DNA.

Dr. Peter McCullough How do we actually get that to run? Remember, there are 24 of these platforms. They had all previously failed, except for Patisiran. A lot of people don't know this. There is a messenger RNA product.

Dr. Peter McCullough I can use that as a cardiologist called Patisiran. It's a small interfering messenger RNA that we use to treat amyloidosis. But the previous trials of gene transfer technology, which is what these are, were normally to replace a missing protein. So, for instance, I'm a cardiologist. I treat a condition called Fabry disease.

Dr. Peter McCullough It affects the heart. There was a messenger RNA program to basically replace the missing enzyme alphaglactid. But in this case, to take these platforms and say, you know what? These are ready to go. We're just going to insert the code for the spike protein, which is now what we've learned is the lethal part of Covid-19, the ball of the virus nucleocapsid.

Dr. Peter McCullough That beach ball is relatively harmless. What causes all the damage is the spine or the spicule. On the surface, everyone knows a cartoon of the virus that's called the spike protein, 1200 amino acids, about a dozen glycosylation sites. It has some homology, by the way, to HIV. And so a lot of people don't know this.

Dr. Peter McCullough But one of the original antigenic vaccines that was tested in Australia exposed that HIV epitope. It turned everybody in the trial HIV positive, who took a Covid 19 vaccine in Australia. These young people were outraged. And so this was on the Internet. It was quickly suppressed.

Dr. Peter McCullough But if anybody wants to type this in right now, you can actually learn that one of the very first vaccines trial in Australia actually turned everybody HIV positive. They didn't have HIV. But there was a molecular trickery that was going on. Having said this. Now, when we look back, when we look at the books, Popper Breggin, Robert F. Kennedy and now Atlas, it's pretty clear that this was planned and it was planned.

Dr. Peter McCullough And the elements of the mass psychosis are clearly planned. In fact, the elements of the mass psychosis are in the Johns Hopkins planning document. They had that up on their website since 2017. Once the pandemic hit in March of 2020, they actually published it in the peer review literature.

Dr. Peter McCullough You can see how it was all done. That's how the Johns Hopkins Bloomberg School of Public Health had the death count up on CNN and MSNBC and Fox as a scoreboard. Do you remember the scoreboard was number of cases in deaths. How do they get that, Joe, come on. I fill out death certificates every day.

Dr. Peter McCullough Do you know the average death certificate comes to me six weeks after the death? How are they getting these deaths? Instantaneous numbers picking up every day. It was extraordinary what Americans saw.

Joe Rogan So how are they getting that to this day?

Dr. Peter McCullough We don't know to this day, we don't know. All we know on the CDC website is the CDC website says that about 90% of the deaths that have occurred with Covid 19 have been associated with significant comorbidities, meaning other major problems that were in the approximate pathway to death. The Italians have just recoded all their deaths. They say 97% of the Italian deaths, meaning someone had heart failure, advanced lung disease, kidney disease, on dialysis, advanced cancer. A good example was Colin Powell.

Dr. Peter McCullough Colin Powell just died recently. He was in his 80s. He was fully vaccinated and he died of multiple myeloma. But he was also COVID positive. And so the question is, how much of the

COVID did he die of and how much of the multiple myeloma.

Dr. Peter McCullough Larry King died the same way. We don't have to go far to find well known personalities where this happened. The point is, the desks were coming in quickly. It may be the fact that the desk, the vast majority of them, occurred in the hospital. So we didn't have to have this prolonged outpatient death certificate signing.

Dr. Peter McCullough And things were mainlined from the hospital. We know President Trump's authorization for the testing became the way that the Johns Hopkins School of Public Health got the scoreboard for positive tests. And that executive order said, all the laboratories and all the departments of public health doing testing will report positive tests to the center, the Johns Hopkins Center. And they did, that means Quest, LabCorp, Abbott. All of them started to have a flow of test.

Dr. Peter McCullough Interestingly, there was no reconciliation for duplicates. So if you would have went to one testing center and put your name as Joe Rogan and you went to another testing center and said, your name is Jose Rogan or something, you'd come in as two different tests. There was never any reconciliation. And we understood over time that the number of tests positive was, in a sense, padded. It was padded by duplicate tests. It was padded by this idea of asymptomatic testing.

Dr. Peter McCullough So one of the big discoveries in 2020 is that the virus is not spread asymptotically. It's only spread from sick person to susceptible person. This is a very important two major papers, one by Cao from China, one by Madewell nailed this down. Once we learned that asymptomatic testing wasn't happening, it became clear the Swedes were right. Scott Atlas was right.

Dr. Peter McCullough The only thing we needed to do was just keep sick people at home. They were the only people who needed a quarantine. And, well, people could go do what they were going to do. Somebody can't walk into a workplace with no symptoms and give the virus to somebody else. It doesn't happen.

Joe Rogan The problem is with that is that a lot of people are not honest about their symptoms. We had a guy at a bar that we work out that we do stand up at. He showed up. He's like, he's just saying, guys got a headache. And someone said, what do you mean, you have a headache?

Joe Rogan And he goes, I've just got this headache. And he goes, Have you been Covid tested? And he goes, I don't want to test positive. Then I'll have to take off work. And they went, what?

Joe Rogan And so they tested him. He was positive and they sent him home. But that guy was going to greet customers at a comedy club.

Dr. Peter McCullough Valid point. Valid point.

Dr. Peter McCullough The new thinking really has to be either. We don't trust people, and we asymptotically test everybody but the World Health Organization, as of June 25, says no asymptomatic testing. The FDA has never cleared these tests for asymptomatic testing. The CDC doesn't give a green light to do this asymptomatic testing. And people like you and me, we just walked in.

Dr. Peter McCullough We have asymptomatic testing. If we get a positive, the chances that the positive are as false positive is 97%.

Joe Rogan 97%. And that is if you're asymptomatic.

Dr. Peter McCullough Completely asymptomatic. And to make matters worse, so many of us have already had Covid 19. And now our CDC admits finally, through a Free Information Act, lead attorney Aaron Siri pressed the CDC and said, Listen, you're saying you can get Covid twice. Show us a case,

show us a case. Press, press, press. Finally, the CDC director came out and said, you know what? You can't get it twice. We've never had a single case.

Joe Rogan     But I have a friend that got it twice.

Dr. Peter McCullough   What you have, is you have a friend who thinks he had it twice. What happened is on one or more occasions it's a false positive test, or he actually had the dead virus that is carrying forward. Somebody in my family circles had COVID-19 for sure had it, got sick. That person tested positive intermittently 17 times.

Joe Rogan     But this wasn't just a test positive. He got sick, he recovered. And then about seven, eight months later, he got sick again, tested positive again and had a much milder case of it, but still got COVID twice.

Dr. Peter McCullough   Yeah, it wasn't a second case. This is what happened.

Joe Rogan     For sure?

Dr. Peter McCullough   Yes. There's about 100 purported cases like this in the literature. I've looked at them all. What happens is we would need a rigorous definition of put it this way. If you could get Covid 19 twice, we would have seen hundreds of millions of cases.

Dr. Peter McCullough   Do you know how susceptible the elderly are? This would have swept through the nursing homes over and over again. We would have seen grandmother's on the ventilator 16 times. I'm telling you right now, you can't get it twice. The criteria are, this reason why the CDC says it can't happen.

Dr. Peter McCullough   The criteria would be that you have a positive PCR test at a low cycle threshold less than 28 and you're positive on the antigen amino acid test. So the nucleocapsid is there and you do sequencing and you can actually find the virus sequence there. Now you do that on two occasions. You do that on one occasion and someone's really sick and has a characteristic signs and symptoms, and you do it again six months later. Then you actually have the first case of recurrent infection of COVID-19.

Dr. Peter McCullough   There's nothing that meets that rigor. To make matters worse, the CDC has now admitted that the methodology they used for the PCR originally the CDC methodology that was distributed to all the departments of Community Health and where the laboratory derived assets for the health systems in the early parts of the pandemic cannot distinguish between flu and on Covid 19. So invariably someone had flu on occasion one and tested positive and was pretty sick, and then they had COVID-19 the second time.

Joe Rogan     Or vice versa. Right. So, if that's the case, why is there this resistance to the idea that people have natural immunity.

Dr. Peter McCullough   All roads lead to the vaccine. Why is there no single Harvard protocol or Mayo Clinic protocol to treat covid 19 to prevent hospitalization and death? Why? We're two years into it. You mean Harvard won't treat a single patient at home to prevent a hospitalization?

Dr. Peter McCullough   I said at the very beginning, I said there's two bad outcomes there's hospitalization and death. That's it. If you could get through this at home and not end up in the hospital, the whole world could get through this. And, you know, not a single leader could articulate that goal of avoiding these hospitalizations. Not a single leader.

Dr. Peter McCullough   Trump couldn't say it. Biden couldn't say it. Mark Holme couldn't say it. Nobody could actually state the problem. This is what Scott Atlas is saying.

Dr. Peter McCullough There is a global ineptitude where they can't even state what the problem is. If you get to go to any one of these CEOs of these health systems and say, what are you doing to prevent hospitalizations and deaths with COVID-19 as a composite outcome, they draw a blank.

Joe Rogan Now, if all roads lead to the vaccine, what is motivating all roads to lead to the vaccine, why is everyone falling in lockstep? Why aren't there people who are looking at this logically and saying, even if you get vaccinated, there's a good chance that you could have a breakthrough, particularly now. There was a while back where they were saying that breakthroughs are incredibly rare. They're not incredibly rare at all anymore. I know 12, 13 people that have gotten COVID post vaccination, and I know a few of them that were hospitalized. Trying to avoid hospitalization should be a priority for everybody, including people that are already vaccinated.

Joe Rogan Why is there no emphasis on this? What's the motivation like? What is the motivation for all roads to lead to the vaccine in this binary approach? That it's only the vaccine that can help us?

Dr. Peter McCullough Well, let's be fair to the vaccines. And I think this is important to mention I was under oath, testified in the US Senate and they asked the very last question they asked our panel was, do you have any problems with the vaccines?

Dr. Peter McCullough Timeframe November 19, 2020. None of us set a word because all we had was press releases. Joe, we learned that the vaccines out of the clinical trials over a two month period had 90% vaccine efficacy, 90%. Now, what that meant is if you had a clinical trial and you had 18,000 people in each group, that vaccine versus placebo. That when you looked at the number of cases, there would be 100 cases of COVID in the control group, placebo group and ten cases in the vaccine group.

Dr. Peter McCullough That's 90% vaccine efficacy, 100 versus ten. They're just giving sample numbers. That looked terrific, but Interestingly. Wait a minute. 18,000 in each group.

Dr. Peter McCullough What's the problem? That meant that less than 1% of people got COVID. Now, during that time frame, our labs were recording 5%, 15% covered positivity rates. How did the vaccine trials recruit people with a less than 1% chance of getting COVID? How did they find these people?

Dr. Peter McCullough Well, I can tell you we were a vaccine clinical trial center, the most fastidious people doctors, other people. They were very careful people, upper middle class webexers who were just on Webex. They were scared. They were in the vaccine clinical trials. They recruited people who never got challenged with COVID.

Dr. Peter McCullough They never even got exposed to COVID. So the vaccine clinical trials were not a good test run of if you got exposed to covet, what would happen. So then the vaccines rolled out and we had December. People started enrolled young doctors in the hospital, took it. I watched it happen.

Dr. Peter McCullough Then they went to nursing home seniors, January, February, and we got to February. I was like, wait a minute. Where's the report? White House task force or the NIH or CDC or FDA. They need to come on TV and give us a report.

Dr. Peter McCullough How many people have been vaccinated, how many people have failed the vaccine and get hospitalized anyway? And how many people have been injured with the vaccine or what's the side effects? No report. So we got to February and there was no report with the vaccines. It turns out that we actually never learned what the vaccines were doing on efficacy until much later.

Dr. Peter McCullough Now, once we had August, September and October, this is much later. We had data come in from arrears from the spring, and we learned the following. A paper by Self and colleagues from the CDC said for protection against hospitalization, there was substantial protection against hospitalization. Now it's confounded by the fact that healthy people take the vaccines, less healthy

people don't take the vaccines, and the hospitalization is confounded by the fact of differential testing. Meaning that once somebody takes a vaccine, the hospitals don't test them for Covid. When they come in for gallbladders and they come in for other things.

Dr. Peter McCullough If someone doesn't take the vaccine, the hospital is testing them, right. And we know people get generated false positives. So the differential testing exaggerated the effect of the vaccines. But even with that exaggerated effect, I want to give your listeners a fair evaluation of efficacy. And what we know is that this first report that came in by Self from MMWR. March through August of 2021, the vaccine efficacy for Madrid was 92%, for Pfizer was 77%, and Johnson and Johnson 68%.

Dr. Peter McCullough Now that's biased. It's loaded with a lot of bias. But I'm telling you, the vaccines did do something in terms of reducing hospitalization and death. Now in the caveat, they say, listen, we didn't have data on Delta, and it looks like the vaccine efficacy dropped off after six months. Now, Tenforde came in in JAMA and this was published in the fall of this year, and they had an 85% protection overall against hospitalization. But again, don't forget, the hospitalization could be influenced by this testing bias.

Dr. Peter McCullough But if we look at the data in figure three, which is dealing with in this paper, people who really had COVID and did they progress onto the mechanical ventilator or did they get worse? And the answer was there was a 59% protection against getting worse. But mortality in the

Tenforde papers, one of the best vaccine papers, mortality for those who took the vaccine and were hospitalized with COVID was 6.3% and mortality for unvaccinated, and they just took their chances with COVID and the hospital was 8.6% and that P value was not statistically significant. So there was a mortality benefit, but it wasn't statistically significant. And so the last paper we have to point to is by Cohn and colleagues, Cohn from the VA, 780,000 individuals, 700 and 8225 individuals in the VA.

Dr. Peter McCullough And they basically demonstrated that age over 65 for non-covid related deaths. The vaccine is associated with the reduction in noncovid related deaths, meaning people who take the vaccine are less likely to die because they buy selection bias. They had about a 1% overall absolute risk reduction in death. And then the COVID protection from death due to COVID or death with COVID was about a 1.5% that's risk reduction. So 1% absolute risk reduction that's cone and colleagues age over 65.

Dr. Peter McCullough Now, importantly, what happened is in September. The vaccine efficacy fell off a cliff for all the vaccines. And what happened in September was very important. September was about the six month anniversary of everybody, because most everybody took the vaccines early. And September was also the first month of fully shading in on Delta.

Dr. Peter McCullough We got to 99% Delta, which basically many papers show is resistant to the effect of the vaccines.

Joe Rogan So this is much smaller than any of the reports you ever read online or see on television. This is a much smaller avenue of efficacy. Would you agree with that?

Dr. Peter McCullough Well, I'm presenting the data in terms of absolute risk reduction from the survival curves. There's a way of presenting it called relative risk reduction, which gives a much bigger number. But what a lot of people want to know, people on the street want to know, listen, what's my chances dying of COVID, and I can just give you the number for U.S. veterans. Let's have people listen to this. And this is after about four to six months of taking the vaccine, those who are positive, veterans over age 65 who are COVID positive and died with COVID-19. Let's flip it around to survival, Joe. To survive.

Dr. Peter McCullough Since fact checkers will be looking at this was 87% for those who took the vaccine and for those who did not take the vaccine, the number was about 78%. So, that number, yea. In the mid part. It's about 1.5%, and then it extends out at the end of the survival curves to about a 10% absolute difference.

Joe Rogan So the vaccine efficacy drop off of six months. Is this for everyone or is this for people, there was a study that was recently highlighted showing the difference between the way obese people process antibodies. Is this for everyone? Is it more effective and healthier individuals? Is it more long lasting?

Dr. Peter McCullough Yes. The best paper to look at that is by Nordstrom and colleagues, Sweden 1.6 million pairs of vaccinated unvaccinated. The outcome is symptomatic, COVID-19 infection, not hospitalization and death.

Dr. Peter McCullough Moderna starts out at a month at 92% vaccine efficacy. I'm sorry. Pfizer starts out at 92% vaccine efficacy, and it drops off to 23% after six months.

Dr. Peter McCullough Moderna starts out at 96% and it drops down to 69%. And now we have 22 studies showing that the vaccine efficacy basically markedly diminishes after six months. That's the reason why all the authorities have agreed. We have to give boosters at six months and the groups that do the worst and this has been published are those who are immuno-compromised. So the immuno-compromised people worry about them the most. But the bottom line is they get the least benefit of the vaccines.

Joe Rogan They get the least benefit of the vaccine. They're the people we worry about the most, and they're also the people that we don't criticize their choices because particularly the obese ones. We don't say which I think they should have said right off the bat.

Dr. Peter McCullough Well, interesting, even though compromised by the CDC wouldn't include the obese, so it includes people with blood disorders. Chronic leukemia includes those transplant recipients. The most common category that your listeners would fall into is immunocompromise or people on chronicocortical steroids. So people with severe adult asthma, Rheumatoid lupus that would be immunocompromised. You're talking about general comorbidity categories like diabetes, obesity, heart lung disease, kidney disease, chronic cancer. Those are basically risk factors for hospitalization and death with COVID.

Dr. Peter McCullough And there's a reason why, by the way, particularly obesity. You know what it is?

Joe Rogan Yeah, we talked about it, but please explain it because I can't repeat it.

Dr. Peter McCullough The Sars-CoV2 virus has got two very unique things as a viral syndrome. The first is this cytokine storm or this hyperimmune activation and that cytokine storm leads with the most unique cytokine interleukin-6. We've never seen this before. Interleukin six is produced by human fat cells. So the virus triggers human fat cells to produce a ton of inner look. And six, which itself is damaging.

Dr. Peter McCullough And so those who are fat have a much greater depot and an ability to produce the site of kind storm. That's reason why obesity is an exquisite risk factor for mortality is because of the unique side of kind signature of SARS-CoV2. The other thing that's unique about the infection is blood clotting. We've never seen an infection that causes blood clotting. This blood clotting is in the final pathway to death with this virus.

Dr. Peter McCullough Because of the spike protein, the spike protein attaches to cylogacid residues on the surface of red blood cells. It causes micro red blood cell aggregation. It trips off the coagulation

cascade in an interesting way, and we can see this in patients where we see a D dimer level that's elevated and doctors learned to actually as a signature of COVID-19 the D dimer levels when they're elevated. It actually means this coagulation process is likely going on.

Joe Rogan So the compromise of the immune system that comes about from obesity, is it scalable?

Joe Rogan Is it like if you are 100 lbs overweight? Is it much worse than if you are 40 lbs overweight?

Dr. Peter McCullough It's clearly scalable.

Joe Rogan So that's something that should have been discussed publicly along with the drugs along with the possible early treatment options.

Dr. Peter McCullough Well, if we could have in a perfect world, if we addressed all four pillars of the pandemic response, if we did what Bangladesh did and just start actually doing the oral nasal hygiene approach.

Joe Rogan Is that what they did right away?

Dr. Peter McCullough That's where the trials were done. They're almost down to zero COVID 160,000,000 people. They're on top of each other over there. They're down to almost zero COVID because they've got the discipline down to when they go out in public settings.

Dr. Peter McCullough When you went out with that guy with a headache, when you came home, just do the oral nasal decontamination. You would have knocked down the viral particles enough where your body probably would have fought off the rest. And you don't get the syndrome. Do you know my patients right now when they're coming down with COVID, we actually blast with the dilutepavidone iodine in the nose, in the mouth. We blast every 4 hours while awake and we knock down the viral load, particularly with Delta.

Dr. Peter McCullough Delta has 251 to 1000 times viral load in the nose, so it's replicating like mad and we can knock it down and reduce the amount of viral inoculum in the human body. I personally had Covid, Joe. It was in the fall of 2020. I didn't know about this. It baked in my nose and mouth for about three days and I sat there.

Dr. Peter McCullough I did nothing. I was scrambling for oral drugs. Why didn't I knock it down with some type of treatment in the nose? Chronic cynicitis patients have been using Netty pots or they've been using saline mistress. All we have to do is add a little peroxide or a little bit iodine to that and knock down the viral load. I could have had a much milder syndrome.

Joe Rogan So that would be one way to approach it that you feel is very effective. This other protocol that you have established is another great way to approach it. Are the people that are in agreement or disagreement with you that you like, disagreement in particular, that you respect and you see some merit and what they're saying.

Dr. Peter McCullough Well, the disagreement would be don't treat patients.

Joe Rogan That's it.

Dr. Peter McCullough Think about it. Well, when I published the paper in American Journal Medicine, I was the first person in the world to put a stake in the ground saying that we can treat COVID 19 at home and prevent hospitals.

Joe Rogan Has anyone said to you, don't treat patients?

Dr. Peter McCullough The letters of the editor came in, Joe. There was about six of them. They came in from Duke, from Manash, from, I think, McGill in Montreal, from Europe, South America. They said, Dr. Peter McCullough, you can't treat Covid patients. I was like what they said, you can't treat.

Dr. Peter McCullough You don't have enough evidence. You can't do this. You could cause harm.

Dr. Peter McCullough Joe Alpert is the editor, Mike of Joe Medicine. He let this go on. Every letter came back and I said, Overcome your fear and let's break the grip of therapeutic, Nealism. And let's start treating patients to prevent hospitalization and death. And in our circles, there is no discussion.

Dr. Peter McCullough I was in the endowed lecture at Harvard two years ago, fanfare, me and my wife, all these pictures. Everything is wonderful. Do you know not a single institution has invited me to lecture on the early treatment of COVID-19. Remember, Harvard doesn't treat people.

Dr. Peter McCullough Neither is Mayo Clinic. Neither is UCLA. Neither is a medical school here in Austin. They don't treat a single patient. They have nothing to offer.

Dr. Peter McCullough When Didier Raoult set up his treatment program at Marseille, he put out tents outside the medical center there. They try to shut them down. He goes, listen, I'm going to treat patients because they're sick. Marseille, if you ever been there, all these retired older French citizens pretty well to do.

Dr. Peter McCullough They're down on the French Riviera. They were getting sick with COVID-19. He opened up an outpatient treatment center and they started treating people and started gathering his data. They tried to shut them down. They took hydroxychloroquine.

Dr. Peter McCullough They made it over the counter. There's been doctors who was doctor arrested in South Africa for using Ivermectin for crying out loud. There has been suppression and where we know things really got obtuse is when we came to the monoclonal antibodies, these monoclonal antibodies, they really work. And let me tell you what, we've got three terrific ones. Now we have Lily is back with a combination of Bamlanivimab and Etesevimab, which is wonderful. We have Regeneron, which Trump received, which is a combination of imdevimab and casirivimab.

Dr. Peter McCullough And now GSK since May has Sotrovimab. Sotrovimab is actually antibiotics directed against glycoprotein, so it's going to be basically resistant to any mutant strains. These antibodies in general, all the studies show given early have at least a 50%, if not an 85% reduction in hospitalization and death. I took them I use them every day, Joe.

Joe Rogan Yeah, I took it when I got sick. And I think it's one of the primary reasons why I got better so quickly.

Dr. Peter McCullough And you got and what Aaron Rogers got and what President Trump got is basically how I drew it up for America in the world. And, you know, that science is going the right way when people like myself and Pierre Kory and Didier Raolt, who were working independently and we come up with the same conclusions. Pierre and I did not recircle did not actually come together till much later. And that's exactly what you want to see.

Dr. Peter McCullough You want to see external validity, people working independently, coming up with the same ideas.

Joe Rogan Now what is the resistance to the monoclonal antibodies?

Dr. Peter McCullough The resistance has been, in a sense, an opacity to them. Meaning I testified in the Texas Senate in March 2021, and right ahead of me was this wonderful doctor. And she talked about her 90 year old father, who was saved by monoclonal antibodies. And I sat through 6 hours of self

congratulatory testimony by all these department heads in Cross, Texas. They were talking about hand sanitizer and doing evaluations and vaccines. I got up there and I told Koart, who is the chair of the committee right here in Austin. I said, Where are these monoclonal antibodies? Where are they?

Dr. Peter McCullough Where is the 1-800 number? So we can access these monoclonal antibodies. Where is the list of treatment centers where these monoclonal antibodies are? How come we don't have billboards up there telling the poor seniors where the monoclonal antibodies are? Do we stock these in nursing homes where people are getting sick?

Dr. Peter McCullough Do we even know there is a hide and go seek going out these monoclonal antibodies. And I can tell you in Florida, there's been a big push to use monoclonal antibodies, and they've had the same problem that there was this, in a sense, lack of government prioritization for the monoclonal antibodies was the last time you saw a feature in the news on these monoclonal antibodies. There's no word of them. They're wonderful products. Operation Warp speed.

Joe Rogan Are they limited in any way? How are they produced?

Dr. Peter McCullough Well, they're produced in the same technology that we would produce Humera and Remicade. All these are called fully humanized monoclonal antibodies.

Dr. Peter McCullough And so they're produced in a method where once there's a fully humanized mouse and the code for an antibody is created in the mouse, that gene is transferred into what's called the Chinese hamster ovary suspension. And that actually produces massive quantities of the antibody. That's how they're all produced. And anybody who's taken Humira, anybody who's taken Repatha or Praluent, they know what I'm talking about. And the point is, they're safe and effective in medical economics.

Dr. Peter McCullough In 2020. It was already disclosed in a table that we had already purchased 100 million doses of these, and we had on order of 500 million doses. There are plenty of monoclonal antibodies. My point is the government's almost on purpose in the local and federal state agencies are not featuring these. And let me tell you, I gave a lecture, a symposium for doctors in Amarillo and doctor symposium, Amarillo Country Club.

Dr. Peter McCullough Within the last month, one doctor in the room was wearing a mask. None of us were wearing a mask. And I went over early treatment. I went over all the science we talked about today, and he says "I'm the public health director here. And I want to tell you something that 85% of people dying of COVID-19 in our county are unvaccinated".

Dr. Peter McCullough I wanted to make that statement and I said, Listen, you're running the monoclonal antibody program here. How many of these deaths received monoclonal antibodies? He goes, Well, I don't know that. I said, Listen, the vaccines aren't treatment. The vaccines aren't treatment.

Dr. Peter McCullough The monoclonal antibodies are treatment. Do you see the absurdity of this? This is the mass psychosis. He is completely and totally focused on the vaccine. Yet he's got the most important tool right in front of him.

Dr. Peter McCullough What I said in the Texas Senate, I said, the most important thing is the sick person right in front of you. That's it at any given time. It's way less than 1% of people are sick with Covid 19 focus on the sick person. And then that's how we win the battle against Covid 19.

Joe Rogan Do you think that it's possible that people will wake up to the idea that there should be many approaches to this as the vaccines weighing in efficacy and as people start to become more resistant to boosters, then maybe they'll look at these things because what's confusing to people is that, well, if this is all some sort of a plot by the pharmaceutical companies to make exorbitant amounts of

money, why aren't they trying to make exorbitant amounts of money off the monoclonal antibodies, which are also expensive?

Dr. Peter McCullough Tell you, it's a great argument. We'll see Molnupiravir, which is the Merck drug, which I think is going to be modestly effective. The registration trials finally came in about a 30% effect size, so a little less than hydroxy or Ivermectin. Ivermectin is the oral drug probably has the best efficacy of the three. I think Molnupiravir can be similar to Favipiravir.

Dr. Peter McCullough We will have to see. But the point I'm making is that, listen, the monoclonal antibiotics were before the vaccines, they're emergency use authorized. They're more impressive results. There's nothing to suggest that the vaccines can have anywhere near the treatment effect because so many people who take the vaccines don't get Covid.

Joe Rogan So many people who take the vaccines don't get they never get Covid.

Dr. Peter McCullough Right. What is the VA data show you? 96% of people who take the vaccines never get Covid. So the vaccines are given to a large number of people who are never going to come in contact with the virus. Remember the registration?

Joe Rogan I would just say, never. They just haven't. We're relatively new in this thing, right?

Dr. Peter McCullough Well, the CDC tells us 146,000,000 people have already had it, right, have already had it.

Dr. Peter McCullough Now, those data run in arrears, we could be closer to 200 million people have already had it.

Joe Rogan Do you think there's any reason for someone who's already had Covid to get vaccinated?

Dr. Peter McCullough No. There's three studies well, characterizing and three more that have weighed in a preprint showing harm. So we've already covered the fact that recovered people don't get covered a second time. And even if you argue that you think you can find a case here and there. Boy, it's one in 7 billion people who can get Covid a second time. It's rare as hens teeth if it even happens. So the point is, if you can't get it a second time, you can only be exposed to harms. So the vaccines, like any other medical treatment, are not free of adverse effects.

Joe Rogan Now, what if someone got a very mild case of Covid? An asymptomatic test that showed up or an asymptomatic cases showed up as a PCR test, especially when they were running, was like 40 cycles at one point in time. If that person tested positive on multiple occasions but does not show antibodies in an antibody test, do you think for that person it would be a good idea to get vaccinated?

Dr. Peter McCullough There are three ways to prove your immunity. One is you have a concrete case of COVID-19, so you have a characteristic signs of symptoms. You were sick positive PCR test, preferably low cycle threshold. Antigen test. I got COVID 19. I did the right thing. It was an FDA approved research. I took hydroxychloroquine, an FDA approved research, and I tested positive for the PCR, but also the antigen. Covid 19 is such an important diagnosis.

Dr. Peter McCullough Why don't we confirm it as in HIV? We always use confirmatory testing. We don't ride on one test alone. But in the case where it's well documented and you're sick, you're done. You basically have permanent immunity.

Dr. Peter McCullough At that point, over 135 studies support that. Paul Alexander...

Joe Rogan Permanent immunity?

Dr. Peter McCullough Permanent! SARS CoV1, which is 90% similar to SARS CoV2, is forever. It's forever.

Joe Rogan If you have symptoms and you recover from those symptoms, likely you have lifetime unity.

Dr. Peter McCullough Everything we can tell. It's just like Sars-CoV1. Sars-CoV1 is 17 years old. It's one and done. Supported by 135 studies in this recent CDC. The CDC is a stakeholder in the vaccine program. They're running it with the FDA.

Joe Rogan They are?

Dr. Peter McCullough They are. They are the CDC and FDA are the sponsors of the US vaccine program, and they've been telling people recovered that they should take the vaccine because they could have it again. And that's the reason why, when they were pressed to say, Listen, find a case of someone who really had a second time, they couldn't find a case.

Dr. Peter McCullough That was the most revealing news that came out of the CDC in weeks. And it was great news for America.

Joe Rogan So you think that recommendation is not based on science? It's based on the idea that they want to distribute as many vaccines as possible.

Dr. Peter McCullough It's based originally out of a concern of caution. Don't forget the vaccine recommendation originally. Yes, originally. So, listen, we're not sure if you can get it again. Take the vaccine. Right?

Dr. Peter McCullough Remember, the vaccines originally were just offered as they should. They're research. The vaccines are research. They are all investigational research. And so nobody can encourage somebody to take a vaccine.

Dr. Peter McCullough By the way, that violates the Nuremberg Code. They can't do it. Research is neutral. As a doctor, I can never tell somebody. They should take the COVID-19 vaccine.

Dr. Peter McCullough Why? Because same reason why I can't tell them. Say, listen, you should be in my research study. You should take my research pill for diabetes. You know, if I told them that you should be in my research study, I'd be sanctioned by the IRB.

Dr. Peter McCullough I'd be called by the FDA. That's out of bounds. We never give any pressure, coercion or threat of reprisal for participating in research. Violates the Nuremberg Code. And we certainly wouldn't do with these vaccines because we don't have all the data yet.

Joe Rogan So many people are doing that.

Dr. Peter McCullough Well, I'll tell you right now, they're walking a line on bioethics that they will be held accountable. You can't do that. You can't do that. No one can.

Dr. Peter McCullough No good doctor can no good doctor. Now getting back to vaccine safety. So the idea here is that we have to reconcile with vaccine safety. So the story is by January 22, we already had 182 deaths after the vaccine. January 22 for all the vaccines combined 278,000,000 shots given each year in the United States.

Dr. Peter McCullough Kids, adults, me and you. I took two last year. I took one this year, 270,000,000 shots. The average number of deaths that would ever come into our central database, about 150. We've been keeping this database for 20 years. Suddenly, we are at 182.

Dr. Peter McCullough And then it was a very important recognition that many of us had say, wait a minute. The CDC and FDA didn't have any safety review. They didn't have an external critical event committee. They didn't have a data safety monitoring committee, and they didn't have a human ethics board assigned to the program. It turns out we had the wrong agencies leading the program.

Dr. Peter McCullough The FDA is supposed to be the drug watch government organization. They don't lead clinical programs. The CDC is supposed to be the outbreak evaluation program. They don't lead clinical programs. So, in fact, we actually had the wrong.

Dr. Peter McCullough We had the in a sense, the Fox guarding the chicken coop, in a sense, we had the wrong people leading the programs. And then we didn't have this independent safety committees. So there was nobody to stop the program in February.

Dr. Peter McCullough Normally, what happens is you get five deaths after any product is unexplained. Black box warning may cause death. You get to 50 deaths. I don't care if 50 million, 60 million people take the drug, you get to 50 deaths, it's off the market and it gets reviewed for safety. I've been involved with these, Joe, at a national level. We never let a drug go on and be associated with 50 deaths.

Dr. Peter McCullough Afterwards. We are at 182 and there was no safety review. Remember, I told you in February, I demanded as a citizen, I demanded a report from the federal government. We needed a report and a press briefing on vaccine safe deficit. We never got it.

Joe Rogan Can I pause you for a second there. But isn't it rare that a group of people as large as the number of people that are getting vaccinated participates, if you want to call it experiment or whatever it is. But this is essentially a mass inoculation. It's extremely large number of human beings. So if you're getting 182...

Dr. Peter McCullough We had 182..

Joe Rogan Shouldn't it be scalable?

Dr. Peter McCullough Well, hang on, we had 182 at 27 million shots. 182...27 million shots. Remember, the standard is 150 at 278,000,000 shots. Right? So 150 to 278, we had 182

Joe Rogan So on normal conditions. But the idea was that people were dying from the pandemic and they were dying from COVID.

Dr. Peter McCullough So here's the idea. And this is the best example. There was somebody in my circles around March, came by my house, a guy like you in shape, came by he's biking, and his wife said, we took the vaccines. We took the vaccines. We're safe.

Dr. Peter McCullough I said, listen, I'm kind of concerned. By March, we're at 1200 deaths, Joe, 1200 deaths. I said, We're at 1500 deaths. He goes, what are you talking about? We vaccinated 60 million people, 1200 deaths, small price to pay.

Dr. Peter McCullough I continue the thought in my mind, small price to pay for the aryan race. That is the type of thinking that people comes into people's minds, driven out of fear, driven out of mass psychosis that say, listen, I took the shot. I took a risk. If it kills somebody else, I don't care.

Joe Rogan There is a thing that people that took the shot and took the risk wants other people to do the same.

Dr. Peter McCullough That's exactly right now. Fast forward where we are today. We're at 18,000 deaths. And this is just the VAERS, which is underreported. This is VAERS.

Joe Rogan That's exactly right now. Fast forward where we are today. We're at 18,000 deaths. And this is just the VAERS, which is underreported.

Dr. Peter McCullough This is VAERS. The vaccine event reporting system. And we know in that system, these are certified by the CDC. So the red box report comes up once a week. It's certified by the CDC. That means all these events really happened because they come in as temporary, various numbers, and then they vet them.

Dr. Peter McCullough So all these really happened, 18,000 deaths. There are 30,000 individuals who are permanently disabled after the vaccine, 250,000 emergency room visits, office visits, other healthcare encounters related to the vaccine. We have two separate analyses showing one from McLaughlin from Queens University in London, one from Jessica Rose from Canada, showing that 50% of these deaths occur within 48 hours of the shot, that 80% of the deaths occur within a week. They're very tightly related. We now know that the spike protein after these vaccines is produced in the body for an uncontrolled quantity and an uncontrolled duration of time.

Dr. Peter McCullough And because the antibodies to the spike protein after the vaccine are so high compared to the respiratory infection, we now infer that in fact, one gets a much larger dose of the spike protein after vaccination than the respiratory illness. And in some people, they invariably can't handle the spike protein exposure to the human body. Who dies? McLaughlin looked at this and found that the vast majority of death are in seniors, the very people we wanted to protect. So the deaths are occurring nursing home residents, people in the 80s, high 70s and on down McLaughlin. He had 1200 deaths at the time of the publication, took them and coated the dust rigorously through the vignettes.

Dr. Peter McCullough Independent reviewers by causality it was actually due to the vaccine, and they ascertained that 86% of the time, there was no other cause outside the vaccine, no other cause.

Joe Rogan 86%?

Joe Rogan Now, how do they do that when you're dealing with someone who's that old?

Dr. Peter McCullough Well, you have a vignette and you kind of read the vignette. There's been separately nursing home studies. There's one by Kirkendal and colleagues that in nursing homes, they had 100 deaths after the vaccine in a nursing home in Scandinavia. So they reviewed the deaths. They came up with a number closer to 40% were directly due to the vaccine. But what I'm saying is just like the respiratory infection takes out people who are teetering on the brink of survival.

Joe Rogan Right. Right.

Dr. Peter McCullough The vaccine does the same thing because the vaccine and the respiratory illness are one and the same in terms of the spike protein. We're giving the body back the spike protein in relatively high quantities, and then a whole bunch of things would come out. So in various to make sure your audience has this down 18,000 deaths that's everything reported in. We know from a paper by Meisner and colleagues before Covid that about 85% of these reports are done by doctors, nurses or other health care professionals. I think the vaccine caused the problem and also the pharmaceutical manufacturers.

Dr. Peter McCullough Only about 14, 15% are done by the patient themselves. We know from the data presented in the whistleblower. There's an FDA whistleblower lawsuit for deaths after the vaccine that was filed by attorney Tom Renz using CMS data. So in CMS, we also know when they got the vaccine and who they died, and it doesn't depend on self reporting. Right.

Dr. Peter McCullough How did they arrive at that number of under reporting? There was a Harvard study that showed under reporting being as high as 1%, meaning they only report 1% of right. So the

Harvard study was with the HPV or human Papilloma virus vaccine.

Joe Rogan How did they arrive at that number of under reporting? There was a Harvard study that showed under reporting being as high as 1%, meaning they only report 1% of

Dr. Peter McCullough Right. So the Harvard study was with the HPV or human Papilloma virus vaccine.

Joe Rogan That's all it was about?

Dr. Peter McCullough Yeah. And the idea is what parents and kids are getting it. And what have you.

Dr. Peter McCullough So it's probably gross. There's probably gross under reporting there people are on edge. Right. And so the CMS data, basically, you know, when someone got the shot and you know, when they died. And so we know what proportion of the U.S. population or CMS recipients. So by extrapolation can calculate what the real number is.

Dr. Peter McCullough So the real number at the time they filed, the number was around about 45,000 compared to what was in VAERS. That's how we can get to the under reporting relationship of four to five. And we think that's a fair number. Four to five is probably a fair number.

Joe Rogan Now, what is the difference between the way the spike protein interacts with the body via infection from respiratory illness versus an injection from the vaccine?

Dr. Peter McCullough Well, we learned July 29. Bruce Patterson, whose terrific molecular biologist is between Northwestern Stanford, showed for the first time with a respiratory infection, the S1 segment of the spike protein is recoverable and human monocytes for up to 15 months after infection. So you had the infection, Joe, you got 15 months to clear that stuff out. Now, maybe sooner and hopefully lower exposure.

Dr. Peter McCullough You got monoclonal antibodies, other drugs. I got drugs. Hopefully we had less exposure to it. Our bodies can be free of the spike protein. The S1 segments, the outer segment.

Dr. Peter McCullough That's the one that actually docks with the h2 receptor. The S2 segments, the one closer to the ball of the virus. Now, I interviewed Bruce Patterson for the McCullough report on America loud talk radio. The McCullough report. And what Bruce told me and he had the data is that in the vaccinated individuals, as long as he can see after vaccination, they have measurable spike protein, S1 and S2 segments, within the monocytes.

Dr. Peter McCullough We knew from a paper by Ogata and colleagues from Harvard showed that the free floating spike protein was in the plasma for an average two weeks after the vaccines, messenger RNA vaccines. But one person in the study, it was measurable in plasma for 29 days. So that's spike protein EMEA in the plasma. The spike protein damages cells. It goes damages cells in the heart, the brain damages blood vessels, causes blood clotting.

Dr. Peter McCullough We know the spike protein is dangerous. A paper by Avolio shows it damages heart muscle cells, pericytes. The FDA has warnings on the vaccines for myocarditis or heart damage. So this is biologically cohesive that the vaccines could damage the human body and cause death. So the biological possibility is there.

Dr. Peter McCullough We know that it's a strong signal. So we have that we know that it's internally consistent in the VAERS system, meaning there are other non fatal events like heart attacks, blood clots, myocarditis. And now it's externally consistent. The same pattern is seen in the yellow card system in the UK through the MHRA, and it's also seen in the Eugene system in Europe. So what I've laid out for you is we've fulfilled what's called the Bradford Hill criteria for causality.

Dr. Peter McCullough That means it's it. I'm an epidemiologist by training. This is my line of work. I'm telling you, for a large number of individuals, the vaccine has caused death and these vaccine induced organ injury syndrome.

Joe Rogan Why is it that it doesn't affect most people this way, if you look at the vast majority of people that have been vaccinated and that's one of the things that we have to go on in this country is that literally it's over 200 million people, I believe, have been vaccinated, that's an enormous amount of human beings, most of them are fine. Is that an accurate statement?

Dr. Peter McCullough Again, just like the respiratory infection, we've had 146,000,000 people who have had the respiratory infection, less than 1% died.

Joe Rogan Right. But the ones that have gotten the injection and died or got myocarditis versus the ones who got the injection and nothing happened at all. What's the difference? What happened again?

Dr. Peter McCullough Again, just like the respiratory infection, we've had 146,000,000 people who have had the respiratory infection, less than 1% died. Right. But the ones that have gotten the injection and died or got myocarditis versus the ones who got the injection and nothing happened at all. What's the difference? What happened again?

Dr. Peter McCullough Just like the respiratory infection. Remember, you and I had the respiratory infection. We're perfectly fine. We're sitting here talking. 99% of people who got the respiratory infection are fine.

Dr. Peter McCullough 99% of people who got the vaccine are fine. So we're 200 million people got the vaccines and we have about 1 million people injured. So they're identically. The same. It's the same concept.

Joe Rogan So what do you think is causing the damage in the 1%.

Dr. Peter McCullough Just like with the respiratory infection. It's all about susceptibility. Remember, in the respiratory infection, it's the elderly, those with medical problems, those with comorbidities. It's the same thing.

Dr. Peter McCullough So with the vaccine, it's the elderly, it's with comorbidities, for instance, blood clotting. Those who have inherited proclivity to blood clotting are going to be the ones who are likely going to form the fatal blood clots that happen with the vaccine. Invariably, there's going to be some determinants of who develops the myocarditis. We have a lead on this. By the way, the myocarditis is not equal in terms of gender.

Dr. Peter McCullough It's running about 80% boys and 20% girls. So it must be some relationship.

Joe Rogan Well, I'm glad you said boys and not men, because that's what I'm asking you about. These are not people that have a susceptibility to a disease. They don't have a preexisting condition.

Joe Rogan There are young people and they're getting myocarditis. So what is causing that?

Dr. Peter McCullough In a paper from Finland, an important paper done before covid 19, where they collected all the male cardiac cases in Finland before covid 19, they established kind of who got it. And what was the rate. And in that paper, I believe the first author is to show what it showed was that there is an age gradient that occurs as one goes from age 0,1,2,3,4, 5 very, very little.

Dr. Peter McCullough And then once it approaches puberty, it goes up after age twelve, it really goes up twelve to 17 or 18. And it runs about 80% boys or 90% boys. And importantly, the number per million. You could actually calculate the number per million per year came out to four cases per million per year. So if you figure that we have let's make it easy math.

Dr. Peter McCullough Let's say we have 70 million kids in the United States, and we do 70 times four. That would be 280 kids. Of myocarditis some people say add on teenagers or other people. We could get to 700, 800 cases of myocarditis per year. Do you know we're in affairs right now, Joe?

Dr. Peter McCullough 13,000 certified cases of mild cardiac paracarditis. I know because I've reported some. So some kids have come to my clinic. They've had heart inflammation. We know in a paper by Tracy Hoe from UC Davis, thousands of cases of my carditis from Bears and be safe.

Dr. Peter McCullough 86% of these kids have to be hospitalized. They're sick, they have chest pain. They have St segment elevation on the EKG skyhigh Troponin. The blood test for heart injury is about ten to 100 fold that of a man having a heart attack. These are kids having significant heart damage, about a quarter have incipient heart failure.

Dr. Peter McCullough I've seen them and follow up in my clinic. We have to use heart failure drugs and very importantly, to treat my carditis. No physical activity. Physical activity can trigger sudden cardiac death.

Dr. Peter McCullough So no physical activity for sure. I've done this in my practice. The point I'm making, Joe, is the CDC calls me and says, Dr. Peter McCullough, we want to review this case with you, and we go over it. And we agree after we go over the labs and what have you. 13,000 certified cases of myocarditis, pericarditis. That number should be no more than 600 on a background rate.

Joe Rogan So no physical activity. So when these people do have this heart inflammation and then they have physical activity, that's what's causing. Like do you believe like there's been a rash of cases of soccer players in particular? I'm sure you're probably aware of this that have collapsed and or died, and it's much higher than normal.

Joe Rogan Do you think that's probably that this is what's attributable to that?

Dr. Peter McCullough There is a montage of deaths on the soccer field, rugby field, particularly in Europe. Overseas. It's interesting, not in the United States but overseas. That's concerning. Now each case is its own case.

Dr. Peter McCullough Did they take a vaccine? When did they take a vaccine? Could they have taken a vaccine in the last six months. Could they have some subclinical symptoms? It's hard when you're a young athlete and you're sore all over the chest soreness may not be that demonstrable and vigorous physical activity, particularly that start stop, especially soccer, particularly would make me think.

Dr. Peter McCullough But if that's the case and it was myocarditis, wouldn't we be seeing the NBA and NFL and elsewhere? It raises the suspicion the myocarditis there's strict warnings against this. Remember, FDA has on Moderna and Pfizer warnings on myocarditis. Jessica Rose and I published in Current Problems of Cardiology paper from VAERS and the upper tail of the Myocarditis for men goes all the way up to age 50. So I'm telling you, I have somebody in my practice who is well above the teenage years who has myocarditis we're going to see more and more because it's now known.

Dr. Peter McCullough And the FDA agrees that the vaccines, in fact, do go to the heart. They get distributed all in the body. And in fact, the Koreans. We had the first fatal case in March. I'm aware reported from Washington University in St. Louis in American who took the vaccine.

Dr. Peter McCullough And now the Koreans have reported one patient of a young lady got put on ECMO. She survived. She got ten minutes of CPR and got put on exocoal membrane oxygenation.

Dr. Peter McCullough She survived. But sadly, another Korean man died and did an autopsy. His heart was loaded with inflammation. The heart swells gets to be about double the size in a matter of just a few

days after taking the vaccine with Myocarditis. It's explosive after shot number two.

Joe Rogan So two questions in regards to what you just said.

Joe Rogan One, soccer, I think, is probably one of the most cardio intensive sports because it's an enormous field and they're constantly running. They have these long sprints. I don't think it's comparable in the same sense as the NBA. I think the NBA is a much smaller playing field, and I just don't think it's obviously you have to be in great shape, but I don't think it's as cardio intensive. The vaccine causing this, why would it be that?

Joe Rogan Are they getting different vaccines in Europe where these soccer players are dropping? And if that's the case, are some vaccines, do they lead people to be more susceptible to myocarditis? And then the other question is, does myocarditis reverse itself? If you have myocarditis, is that automatically going to take years off your life even if you recover from it because you refer to it as a non-fatal adverse event. If that's a nonfatal adverse event, does one eventually get back to normal with myocarditis?

Dr. Peter McCullough Myocarditis, again, if we're at 400 to 800 cases in the United States per year and over the course of my career, I've seen one or two cases spontaneous myocarditis before Covid.

Joe Rogan One or two, one or two.

Dr. McCullough That's in my career because it's rare. Obviously...

Joe Rogan What would that be from? What would be the cause of it?

Dr. Peter McCullough The most fatal type is called giant cell myocarditis. It literally is idiopathic comes out of nowhere. We don't know what causes it. There are other forms adenoviruses parvoviruses that can cause myocarditis, and these are typically treated just supportively. There was a randomized trial and actually Dallas, Texas, played a big role, and it's called the myocarditis treatment trial MTT and that did biopsies and showed routine cardiac biopsies were not useful outside of trying to diagnose giant cell myocarditis. And then lastly, that routine cortical steroids weren't useful.

Dr. Peter McCullough Having said that, when we try to treat patients, we end up using culture seen sometimes, some other drugs. I want to get the right citations down. So the paper from Finland was by Arolla and colleagues that came with the estimate of four cases per million per year as a baseline. So that means in the United States 400 to 800 cases a year.

Dr. Peter McCullough We've already gotten to over 13,000 cases in the United States and we've seen cases of myocarditis, by the way, reported the US military been reported from Israel, France and elsewhere. The paper that showed it directly invades the heart, the spike protein that was by Avolio and colleagues in the pericytes. And very importantly, the prognosis is what you're asking about. The prognosis paper was published by Carsten Tschope and that was in circulation Research 2019. And what it showed is it showed that 13% of myocarditis before COVID ends up with progressive heart failure and worsening.

Dr. Peter McCullough My fear is some of these kids who develop myocarditis will be in a 13% category where they have progressive left ventricular dysfunction and heart failure.

Joe Rogan So the myocarditis they're experiencing right now is damaged heart tissue and that damaged heart tissue is not going to heal and that in fact, might get worse.

Dr. Peter McCullough The estimates are. And again, I'm applying data from other forms of my criticisms before COVID looks like a pretty severe form of it. To be honest with you, because it's putting 86% of the kids in the hospital there's myocarditis that we actually don't hospitalize. We can treat myocarditis and myopericarditis in the office, but these kids are sick enough to be hospitalized. I'm

inferring that it's severe forms of it. This estimate from this paper would be 13% risk of in these kids of developing heart failure or needing things like ICDs, heart failure, oral drugs later on cardiac transplant or cardiac death.

Joe Rogan When you say cardiac transplant, you're talking about heart transplant.

Dr. Peter McCullough Yea.

Joe Rogan We reviewed the horrible case of a 19 year old girl who was vaccinated, wound up having a heart attack, heart failure, heart transplant. And then because of the amino compromising drugs that they put her on to accept the transplant. She got pneumonia and died. Nineteen.

Dr. Peter McCullough I said on national TV in June, when the FDA just had 200 cases, they reviewed 200, and CDC said two things I think that were irresponsible. I'll call them out on it, because I can. And that is they said it's rare.

Dr. Peter McCullough And they said it's mild. And I was on national TV saying, Listen, in safety research, we never say the word rare. We say tip of the iceberg. This is probably just the beginning of what we are going to see. And it's not mild because even in June, 90% were hospitalized.

Dr. Peter McCullough And sure enough, now we have 13,000 cases, 86% hospitalized. And, you know, the Hoeg analysis shows that a young boy is more likely to be hospitalized with myocarditis than ever be hospitalized with COVID-19 the respiratory illness.

Joe Rogan Yeah. We showed that the Sanjay Gupta and he was incredulous. When you're looking at this chart in front of you, what percentage of the people recover fully from myocarditis, pre-pandemic, pre COVID-19.

Dr. Peter McCullough In this paper by Joshua, this is good. This is like a medical grand rounds on Joe Rogan. I love it, Joe. So in this figure, one from the Joshua paper, 27% never deviated from normal heart function. So they were good all the way through.

Dr. Peter McCullough They were clinically hemicular, 26% were categorized as recovered fully. 34% improved, but never got back up to completely normal. And then 13% were impaired. I mean, the heart took a hit and they never recovered.

Joe Rogan There's a gentleman who is the world's longest static breath hold. Is that what he holds?

Joe Rogan He's done that ten minute guy. You know what I'm talking about? We talked about him on the podcast before. He's he got myocarditis from the vaccine and it's severely limited his ability to do that. He has extreme cardiovascular function, right?

Joe Rogan Because this is a guy can hold his breath for ten minutes. And he says that it's caused somewhere. I believe he said it's been eight months plus since having myocarditis and still he's somewhere around 30% reduction of his abilities.

Dr. Peter McCullough Well, getting back to your question of listen, 200 million people took the vaccine. Why are so many people fine, right.

Dr. Peter McCullough I think my answer to that honestly, Joe, is that the body is a miraculous creation and the body can fight off all kinds of things. You put some foreign messenger RNA in there and with synthetic analytic caps, Tony Caragopolis and I have published on this. By the way, the messenger RNA probably stays in the body for a few months. The spike protein Patterson is showing us lasts in the body at least 15 months. There's a paper by Banzel and colleagues showing in the vaccinated that you have not only the S1 segment, but you have the S2 segments.

Dr. Peter McCullough You actually get both segments in the vaccinated persisting the body for a long time, almost certainly beyond six months that if someone took a shot, one and shot two in January and February and nothing has happened. I'm following my patients carefully. 70% of people in my practice took the vaccine again. A good doctors don't encourage, don't discourage. It was purely elective because they're in vaccine research.

Dr. Peter McCullough Fine. No harm, no foul. But if we start vaccinating every six months. I think the spike protein never gets out of the body. It accumulates.

Dr. Peter McCullough Progressive accumulation of the spike protein is very worrisome for these progressive organ injury syndrome.

Joe Rogan So if we're doing it every six months, the spike protein will never really truly have a chance to get out of the body. In these cases that you're talking about, where it's still in the body for 15 months.

Dr. Peter McCullough 15 months is on the long side. Let's be charitable and say it lasts in the body a year. That's what the Banzille paper. And Bruce Patterson, in his paper and in his interview on my podcast America Outoud Talk Radio McCullough report. Based on this leading work, I'm telling you, as a doctor, I think the spike protein is in the human body after vaccination at least a year. And so if you have a year to clear it out and you clear it out and nothing's happened, no harm, no foul. The vast majority of people in my practice did fine with the vaccines.

Dr. Peter McCullough Now, I don't know if they ever came in contact with COVID or not. They did fine. It is my practice experience that when they do get covet that it's a milder form, it's easier to treat. Do I still give them monoclonal antibody? Sure.

Dr. Peter McCullough Do they get Ivermectin? Yes. And prednisone and all the other drugs and anticoagulin? Sure. Sadly, can vaccinated patients die of Covid-19?

Dr. Peter McCullough Sure. The CDC has told us the CDC in mid October had 41,000 full vaccine failure cases recorded by departments of Public Health. This is just spontaneous reporting. It's not the University of cases, and about a quarter of those were deaths.

Dr. Peter McCullough So the CDC has large numbers of people who have been fully vaccinated who died. It can happen.

Dr. Peter McCullough But it's our experience. And I shared with you the data. The vaccines do do something. They provide a modest protection against hospitalization and death. What we're getting to Joe is based on the safety profile we've described and based on the efficacy, is it compelling enough to actually mandate it in people, or is it something that ought to be a free choice?

Joe Rogan And if it is a free choice and you do develop myocarditis so let's say you have an adverse event when you take the vaccine, what can be done to treat these people?

Dr. Peter McCullough Treatment of myocarditis would be three to six months of no physical activity.

Joe Rogan Six months, no physical activity at all.

Dr. Peter McCullough Right.

Joe Rogan No rigorous walks, nothing.

Dr. Peter McCullough Outside of daily activities, going to class, going home, this and that. But we don't want any running, weightlifting, soccer.

Joe Rogan Nothing like that

Dr. Peter McCullough Because the worry is we trigger cardiac death. And then when the heart pumping function is reduced, we see this by echocardiography MRI. We use what's called evidence based beta blockers, carvadilol, buspirone, long acting metoprolol. And then we use what's called ras inhibitors as ace inhibitors, angiotensin receptor blockers, or a new drug called intrusto. And that's what I use in myocarditis patients who have impaired pumping function because we're trying to prevent slippage and even worsened heart failure. And then for the plural pericardial symptoms, we use a drug called Colchicine and Colchicine is a drug we actually use in the treatment of Covid 19 acute illness. Remember, the acute illness is similar to the vaccine illnesses.

Dr. Peter McCullough They have so many similar because it's the same spike protein. We use Colchicine in order to try to relieve some of the pericardial symptoms. And our randomized trial suggesting that would help try to extinguish the information in the heart.

Joe Rogan Is there anything that someone can take? Let's say, if your job mandates that you get vaccinated, is there anything that someone can take that could potentially mitigate the negative effects of the spike protein?

Dr. Peter McCullough Boy, that's kind of getting into this idea of moral hazard and social contract. So people ask me all the time, Doc, I'm going to lose my job, my job, I'm losing my job. If I don't take the vaccine and I usually ask them, you know what I ask them, what's the social contract? What do you get if you take the vaccine, what do you get? Are you getting 20 years of employment?

Dr. Peter McCullough Ten, five, a year?

Joe Rogan Are you even getting a guaranteed employment?

Dr. Peter McCullough Are you getting six months? Are you getting three months? They say, I don't know. Nobody told me the social contract. I said, why don't you figure out the social contract before you take a spin with this vaccine? And people are trying to say, listen, can I have my cake and eat it too? Can I take the vaccine and keep my job for some undeclared social contract and take some antidote? While there are things that have been suggested on the website.

Dr. Peter McCullough Dr. Tess Lowry from the United Kingdom, who is one of the leaders in early treatment of covid 19. She's one of the ones who did the great analysis on Ivermectin, has started a program, and I think it's called World for Health. Something along these lines, you'll find it on the Internet. It's got a yellow and pink kind of montage color. And in there there are some published approaches on Web, not peer review.

Dr. Peter McCullough And of course, there's no randomized trials of things one could do to reduce the inflammation, the thrombogenesis and some of the organ injury syndromes. I'm leery of that approach because that's basically creating this moral hazard, meaning that it's okay to take the vaccine. And you can just take this antidote to prevent complications. And so this moral hazard, by the way, came up in a radio interview I had with Hugh Hewitt. And I have to tell you, I think it's one of the few difficult interviews I had.

Dr. Peter McCullough And Hugh Hewitt came on. And when he invited me on Joe, he said, I'm bringing on Dr. Peter McCullough, and I want to say, before he gets on, he let us know. He let me know. He's an attorney, and he said, I'm pro vaccine.

Dr. Peter McCullough I think everybody should take the vaccine. And I think how we end the pandemic. But let me bring on this doctor. And then he asked me a question.

Dr. Peter McCullough He said, Dr. Peter McCullough, he said, if somebody listens to you and they don't get COVID-19 and they don't take the vaccine and they get COVID-19 and they die, that's on you

because they listen to you and they didn't take the vaccine. I said, Hugh, I said, if they listen to you and they take the vaccine, they've been pressured into vaccine research. And if they take the vaccine and they're one of the thousands of people who drop dead within a couple of days of the vaccine. I said that's on you. I said, who's got the bigger moral hazard here?

Dr. Peter McCullough The bottom line is, you can Dodge COVID forever. There's people who have never gotten COVID. They're dodging COVID. Fine. In fact, you cannot take the vaccine and get treatment for COVID and survive it.

Dr. Peter McCullough I did. I got COVID before the vaccines. For me. It's over with. You got COVID after the vaccines, you got treatment, you got through it.

Dr. Peter McCullough So did Aaron Rogers. So did so many of us. The bottom line is there's no moral hazard for deferring on the vaccines because the vaccines are research and they're elective and the vaccines are only to protect the individual. There's no data suggesting the vaccines protect others. This is very important.

Dr. Peter McCullough There are now studies. There is a recent study in the Journal Lancet that has actually asked the question, do the vaccines actually protect others from getting COVID-19? Because that is really what's going on. There's people in my circles that have said, Listen, take the vaccine, protect other people. You don't do it for yourself. You do it for somebody else.

Joe Rogan That was a later narrative, though, right?

Dr. Peter McCullough I know, but we need later research to apply to the later narrative. Haven't you heard follow the science?

Joe Rogan Yeah.

Dr. Peter McCullough Haven't you even heard that someone claims that they are science?

Joe Rogan Yes, I have. (laughs)

Dr. Peter McCullough Now. Science is a process and you're laughing. You and I are pretty humble here.

Dr. Peter McCullough But let me tell you, let's follow the science. So this paper is from Anika Singh Yagamam, and this is published from the ATAC Study Investigator group in the Lancet. And this paper just landed in the Lancet. Oh, I can't believe you got it. That's terrific.

Dr. Peter McCullough And you know what the storyline here is? 39% of this very careful case contact studies and it's up on Joe. It's on my call. It's here on my slides. 39% of transmission occurred from fully vaccinated to fully vaccinated individuals.

Joe Rogan Pretty large number.

Dr. Peter McCullough Yeah. So the point is, we now have abundant evidence. We had the Barnstable County outbreak in Massachusetts that clearly showed. And the CDC told us Barnstable County.

Dr. Peter McCullough They told us congregate settings. People got COVID 19. It was Delta. Look at two thirds are fully Vaccinated. We had the naval cruise ship. 3,700 individuals, fully vaccinated.

Dr. Peter McCullough They passed Delta to each other. Then we had these papers here. We have one from Haven, CDC, Covenant Network. We have filmre from the VA. This is data shading into June.

Dr. Peter McCullough This is for Delta really kicked up. We had 23% of Americans in the hospital who are vaccinated, but they had COVID 19. Remember in June, remember that talking point that was

issued?

Joe Rogan Yeah.

Dr. Peter McCullough They said 99% of people in the hospital were unvaccinated. That's propaganda. That's false information put out by those in position of authority. There was one time and I was on Laura Ingraham, and they had a montage of everybody saying 99% unvaccinated. Even the governor of Florida said that the President of the United States said that that was a false talking point that was issued, and everybody said it, I think, designed to encourage people to get vaccinated.

Joe Rogan Well, there's certainly been a lot of encouragement to get vaccinated.

Joe Rogan Something someone told me, I want to verify with you. If you were a healthy person and you took monoclonal antibodies, would that offer you protection for a period of time from COVID?

Dr. Peter McCullough Well, there's been a randomized trial of case contacts. This is important. So running a mass trial, I believe using the regeneron product.

Dr. Peter McCullough And so what they did is they took seniors, like, say, several seniors living together. One of them gets covid 19 and the others are exposed, and they're high risk. They took the exposed ones, and they randomized them to getting subcutaneous injections of the monoclonal antibody versus placebo. And those who got the monoclonal antibodies in the setting of seniors close contact prevented the development of Covid 19. Now, when you got yours, did you get IV?

Joe Rogan IV, yea.

Dr. Peter McCullough So what happens is doctors have taken those findings and said, listen, it's parental administration. We're going to give a subacute injection. It's actually four injections that is needed to give it. But I want the listeners to understand the monoclonal antibodies are safe, effective proven.

Dr. Peter McCullough They clearly reduce symptoms. They reduce hospitalization death, and they are a product of operation Warp speed. So not everything that happened with Pandemic response was bad. This was a great development. Think about an antiviral monoclonal antibody.

Dr. Peter McCullough What a wonderful advance. We've never had it before.

Joe Rogan So there's an unlimited supply or a very large supply, more than adequate for the entire population for monoclonal antibodies. So what is stopping the distribution of them? Because not only have they made it difficult to get in Texas, they actually put these parameters on who gets it and who doesn't.

Joe Rogan And you have to be in a high risk ethnicity to get it. A friend of mine went he had COVID, and he is a healthy Caucasian male in his 30s. And they told him you are not qualified to receive the monoclonal antibodies. And the lady who was working there said, if you were another ethnicity, like, if you were Hispanic or black. Then we would qualify you.

Joe Rogan And she was like, look, this is not my idea. This is I just have to follow the rules. Why would anybody establish rules like that? What is that?

Dr. Peter McCullough And they're so arbitrary.

Dr. Peter McCullough From center to center. The arbitrariness of the rules. I've sent younger patients who have severe symptoms and in trouble for monoclonal antibodies. They've been turned down. I've had other people go for monoclonal antibodies themselves and get them find no difficulty.

Dr. Peter McCullough Most of the time, I have to say, I've had a great experience. People got the monoclonal antibody infusion. But I have to tell you, an anecdote. Somebody close in my religious circles develop and he develops some severe respiratory symptoms. And I had gotten wind of vaccine discrimination.

Dr. Peter McCullough Joe, I had gotten wind of this, and this person was not vaccinated. I said, We're going to go for a monoclonal antibody infusion it's. Late on a Saturday night. He goes for the monoclonal antibody infusion and the doctor at the center in Dallas lures over him, arms folded and says, Have you been vaccinated? And this person looks up at him.

Dr. Peter McCullough He says, I refuse to answer that question. And the doctor looked at him. He said, okay, and the person who came and said, Listen, I just want a monoclonal antibody infusion go home. He gets the monoclonal antibody infusion and on the way out the door, he goes, hey, Doc, he goes, what if I would have answered that question if I told you I was vaccinated? He goes, oh, I would have given you Remdesivir.

Joe Rogan If he was vaccinated?

Dr. Peter McCullough Right. So the example is that's an example of perverse vaccine discrimination. So he would have been discriminated against getting a high quality therapy and getting a lower quality therapy. It doesn't make any sense that's just a poor doctor or just a bad doctor. No, it goes to show you the arbitrariness and the confusion that exists out there that monoclonal antibodies are safe and effective.

Dr. Peter McCullough They work in vaccinated and unvaccinated. There was a previous thinking that if you are vaccinated, you should have already have antibodies to the virus. So therefore, we're going to use remdesivir against the polymerase inhibitor. But it's just faulty thinking, because vaccine breakthrough cases, the virus is basically blown past the vaccine antibodies. And why not give it a shot?

Dr. Peter McCullough Regeneron has two different antibodies. GSK has an antibody against the glycoprotein. Why not use a more intelligent therapy? I can tell you. I've looked at all the data carefully, hands down the monoclonal antibodies blow away Remdesivir.

Dr. Peter McCullough Another thing that bothers me is, do you know that when patients get admitted to the hospital? No monoclonal antibodies. Once they cross that line and I had a sad case in Fort Worth, it broke my heart. 38 year old man, he was really sick. His wife is really sick.

Dr. Peter McCullough We scramble, we get medications. His wife gets the monoclonal antibodies and goes home. Joe, with other drugs. Okay? And she survives.

Dr. Peter McCullough They got five kids. He's 38 years old. He's obese. He doesn't get the monoclonal antibodies to say, you know what? You're too sick.

Dr. Peter McCullough We're going to admit you he never gets the monoclonal antibodies, Joe. And he dies in the hospital.

Joe Rogan They just gave him the monoclonal antibodies in the hospital and he would have survived.

Dr. Peter McCullough Or give them in the E.R. This was a matter of.

Joe Rogan Why is it so arbitrary that once you go into the hospital, they won't give you the monoclonal antibodies?

Dr. Peter McCullough It doesn't make any sense. The emergency use authorization gives some general guidelines in an FAQ. The FAQ gives information like says, use as an inpatient and outpatient. But it's not a law. If I can use Bactrim as an outpatient, I can use Bactrim as an inpatient. If I want to use Regeneron as an outpatient...doctors have authority over the FAQ. People are reading this FAQ like some type of law. And as soon as they cross the line in the hospital, they can't get this life saving therapy.

Joe Rogan So the doctor has the ability once a person is hospitalized to still administer monoclonal antibodies and they choose not to because of this bizarre the way this is written.

Dr. Peter McCullough And the same reason why they choose not to use Ivermectin in the hospital.

Joe Rogan But at least Ivermectin is controversial.

Joe Rogan And I'm not letting anybody off the hook, but at least it's controversial. There's a lot of people that don't think it's actually effective. No one thinks that monoclonal antibodies are not effective, no one that I've heard of.

Dr. Peter McCullough I'd agree with that. I think there are just some unproven concerns. One concern is when the oxygen saturation is lower. If we give a monoclonal antibody, we could create some profusion changes in their lungs and further worsen hypoxemia that's never been shown. There have been other thoughts that if someone gets admitted to the hospital, they're too late for monoclonal antibodies. So remember, the principle with therapy is, Joe, the later we start something, the less efficacy it is.

Dr. Peter McCullough So if you want to show failure of ivermectin and hydroxychloroquine and monoclonal antibodies apply, it very late. So this idea that, well, they're outpatients now. I'm within the FAQ and they're likely to benefit. Fine. My point is, come on, this is a fatal condition.

Dr. Peter McCullough Just because we're on the edge of hospitalization, why don't we give it in the E.R. and declare them out patients and then still admit them? I would be okay with that. I've had another case I advised on where, desperate case. A woman who was in a car accident weeks earlier had rib fractures, impaired pulmonary function gets serious covered.

Dr. Peter McCullough We do everything we can as an outpatient, Joe. All the drugs, ivermectin, we were using every vitamin you name it what you call the kitchen sink. That's what we're doing. Trying to save her life. Woman in her fifties get so hypoxic and sick, her husband's sick.

Dr. Peter McCullough We toss in the towel. Call 911, she goes to the hospital. I said, get monoclonal antibodies in the E.R. They're going to admit or they're not going to do it.

Dr. Peter McCullough Fortunately, we got this is Tampa General Hospital. The person listening to this will know who they are. And they got to the other side of the admission. And I was relentless. And I said, get in a monoclonal antibodies trial.

Dr. Peter McCullough Thank the Lord. They got into the AstraZeneca monoclonal antibodies trial. We don't know if they got placebo monoclonals. But she survived, no intubation. And it was like, wow, it was that close.

Dr. Peter McCullough This is a little window of my life for the last two years. Do you know there's 500 doctors trying to treat the entire country like this? Once I turn my phone on from this interview, Joe, I am going to be loaded with cases that I'll advise on to try to help on all the way home.

Joe Rogan Why is it so few doctors?

Dr. Peter McCullough There is a grip of fear over the doctors. Originally, I think they were personally fearful of taking care of patients. And they wanted someone to tell them what to do. Remember, doctors are not like Navy SEALs. Doctors are not like police officers or firemen or World Wrestling Champions. Doctors are kind of nerds.

Dr. Peter McCullough There's no checkbox that says, I'm courageous. I'm willing to take some risks. They don't check those boxes. And I think there was a small number of doctors, I guess I'm one of them, that I said, you know what? I'm going to take some risks. I can do this.

Dr. Peter McCullough I can put drugs. Pierre Kory You talk to him. He didn't hesitate. I didn't hesitate. Jose Veron down in Houston. He runs the whole hospital.

Dr. Peter McCullough He doesn't hesitate. There's 500 of doctors out there that now are basically held out as heroes. You read Bobby Kennedy's book, we look like we're American heroes. It's only because we're treating patients as we should.

Joe Rogan It's just hard to imagine being a person denying treatment to someone that you know would be effective because you're looking at some arbitrary rules that are written down that once they are admitted to the hospital, you can't give them monoclonal antibodies and then to cast this judgment on them, why weren't you vaccinated? We're not going to treat you. But this is what's happening to a lot of patients.

Dr. Peter McCullough I had a conversation one time with the doctor, and he goes, It was some conversation about treating patients early. He goes, Well, there's not enough evidence. There's not enough evidence.

Dr. Peter McCullough We need to wait for large, randomized trials. Do you know, in the US Senate testimony, the minority witness multiple times told us, he goes, Nope, these doctors are treating with these drugs. There's not enough evidence. There's not enough evidence. And then I think Ron Johnson asked him.

Dr. Peter McCullough He goes, Well, what do you think the best treatment is? Well, they should follow the guidelines and the guidelines say stay at home and wait until you really can't breathe anymore. And then you come to the hospital. Then you start treatment. And then I made a comment.

Dr. Peter McCullough I said, I want that to be written into the records of Senate testimony that that is a reckless recommendation for America. That it is reckless to recommend nothing in the setting of a fatal illness. Every serious fatal infection must be treated early. It's only going to get worse. We actually have for other infections.

Dr. Peter McCullough We have time to the initial therapy as a benchmark of quality of care. Why would we let this virus rip the body for 14 days or longer? Can you imagine if you were 75 years old, you had heart and lung disease and you were sitting in your apartment, your kids couldn't come over and look after you. Nobody could look after you. And every day you're stewing, getting worse and worse and worse and worse until finally. And you're in isolation. Finally, at two weeks, you can't breathe anymore. And you toss in the towel. You call 911, you call your daughter, you call your son, you contaminate the virus everywhere, and then you get put in the hospital. You get slammed in the isolation, you get put on Remdesivir, you get six milligrams of Decadron. And then to make things absolutely the worst, you never see your loved ones again. And you die. That's what's happened to 800,000 Americans.

Joe Rogan And so this is why you believe that at least 50% of those people, those deaths could have been prevented. That was in November of 2020.

Dr. Peter McCullough Under sworn testimony, that number is easily 85%. Now, maybe it's 90%. Now, if we got what you got, if you got the sequence, multi drug treatment, monoclonal antibiotics, you called it the kitchen sink. So do I. Bottom line is, it may be refined over time.

Dr. Peter McCullough The Merck and Pfizer drug will bring them in. If other drugs come along, we'll refine it. Listen, it's a process. I'm not saying any one of these drugs is a miracle drug. None of them are necessary nor sufficient to save a life.

Dr. Peter McCullough But the point is, what drives hospitalization is uncontrollable symptoms. It's uncontrollable anxiety. Do you know an anxiety drug itself actually cuts off the risk of hospitalization?

And that drug is Fluvoxamine. Fluvoxamine takes an edge off the dismay. It may have some.

Joe Rogan Is that an SSRI?

Dr. Peter McCullough It's an S NRI, and it's an older one, but it takes an edge off. It may have some other unique effects. I mean, I give credit to those who have advanced it. Credit to Steve Kirsch, who funded the COVID 19 early treatment program.

Dr. Peter McCullough And he's now funding the vaccine injury program. Steve Kirsch, by the way, has a great offer out there for your listeners. I don't know if you know about this.

Joe Rogan No.

Dr. Peter McCullough His offer is anybody from any major academic medical center or any government agency who will come to the table and have a fair discussion on vaccine safety and efficacy. He'll pay him \$2 million.

Joe Rogan Anybody?

Dr. Peter McCullough Anybody.

Joe Rogan You mean anybody who's. Like a high level medical researcher or...

Dr. McCullough Anybody who can make the case.

Dr. Peter McCullough Even try to make the case, that the vaccines are safe and effective.

Joe Rogan And if they don't make the case, they still get the money?

Dr. Peter McCullough Yea.

Joe Rogan Really? That seems like an easy \$2 million.

Dr. Peter McCullough Joe, no one's come forward.

Joe Rogan Go and get your ass kicked for \$2 million bucks and...

Dr. Peter McCullough No one's come forward.

Joe Rogan Really? Do they know about it? I mean I just found out about it a few seconds ago.

Dr. Peter McCullough No, people know about it. He's made a lot of calls and emails. And the point is, people are under a trance with these vaccines. They actually know they're not safe and effective. They know it.

Dr. Peter McCullough They know when they took the vaccines, they took a risk. Now that safety. The vaccine centers cleared out in mid April? I drive past one every day to work. There used to be police officers.

Dr. Peter McCullough They were waving people and there was cones. I was slowed down to try to get to the hospital because of vaccine traffic. And then it started thin out and thin out and thin out. We got to mid April. There was nobody there.

Dr. Peter McCullough You got to May and June, there's mothballs, the dust on the cones. They put barriers up. The vaccine centers have been closed for months. When the word got out that people were dying after the vaccine, people stopped taking it. And there was an Internet survey unofficial on Twitter, I think.

Dr. Peter McCullough But it asked the question, do you know somebody who died after the vaccine or somebody in your circles? Answer 12%. And I'm telling you, 12% and people talk. You can suppress it

all you want to. There's the Trusted News Initiative.

Dr. Peter McCullough You can bring that up. Why don't you bring the Trusted News Initiative up? The Trusted News Initiative was rolled out with the vaccines on December 10. It was rolled out. The Trusted News Initiative announced by the British Broad Broadcasting company.

Dr. Peter McCullough With all the other media here it is all the partners that was all the major media and social media. Joe, we'll work together to ensure legitimate concerns about vaccinations are heard whilst harmful disinformation myths are stopped in their tracks. Translation suppression on anything that would promote vaccine hesitancy and what would promote vaccine hesitancy early treatment. The hope of early treatment, staying out of the hospital. If people knew they had an option, they could defer on the vaccine.

Dr. Peter McCullough And if they got covered and get treatment, that would lead to vaccine hesitancy. And how about vaccine safety? How about giving a press briefing on deaths after the vaccine? Are they happening with Moderna? Pfizer? J and J?

Dr. Peter McCullough Do we know what's the profile of someone who dies after the vaccine? We have 19,000 cases. They could tell us, Joe, the point I'm making is if they won't be clean on vaccine safety data, we can never get to risk mitigation. We can't get a safer program unless they are transparent on vaccine safety.

Joe Rogan This is where the authoritarian aspect of this gets very complicated, right? Because they've assumed the government has assumed the role of the parent. Just listen to us. We're going to tell you what to do and some much worse than others. The woman in New Zealand is horrific.

Joe Rogan There's been a bunch of them that are horrific when you hear them talk. And they're so incredibly condescending. And they feel like they have this ultimate power to just force people into this binary solution and the ability also to suppress information, which may, in fact, be accurate that the vaccines do carry a risk. What you said today, none of this is wild conspiracy theory. You're obviously incredibly well educated and you're more than qualified to distribute this information.

Joe Rogan But if this was on YouTube, this would get taken down. We're very fortunate that Spotify doesn't operate like that and that this can be received by millions of people all over the world. But there's not a lot of avenues for this now. There's very few, in fact, they're randomly, I mean not randomly, just they are purposely targeting experts and doctors that have opinions that differ from the approved narrative. You are one of those experts.

Dr. Peter McCullough Well, maybe because I looked in the camera and gave a wink in one of the interviews. I think it was Tucker Carlson where I said, Bring it on. And this is what I mean about this. This is a giant game of chicken. And the bottom line is the people who win are the people with the truth.

Dr. Peter McCullough The truth, in the end, is kryptonite to everything out there.

Joe Rogan But it's taking toll on a lot of doctors.

Dr. Peter McCullough Truth is powerful. Can you bring up the graphic of a big public program? It's a picture of a crowd and I'm up in front. There's 500 doctors in my circles. Many of us are members of the Association of American Physician Surgeons or the Frontline Critical Care Consortium, or American Frontline Doctors or the Truth for Health Foundation. Look at this. This is an American reawakening. We are now going into cities and we'll have meetings, typically with lawmakers, several dozen lawmakers.

Dr. Peter McCullough And we'll go over the issues we've covered today. Joe. We go into doctors programs. We'll have a smaller program for doctors. And then we go into big public programs.

Dr. Peter McCullough We are getting 500 to 5,000 people coming into venues and basically going over the slides like I want today. This is like a medical grand rounds for the public. And when I tell people, I said, Where are the medical schools doing this? How come the medical schools aren't having public symposiums? We've had two years of Covid 19.

Dr. Peter McCullough Why are there no review of the data? Why are we not understanding vaccine safety and efficacy? I say, listen, this is all about just understanding it with the vaccines. For instance, about 70-80% of Americans took the vaccine. I give the data.

Dr. Peter McCullough Do you know the most effective vaccine in terms of vaccine efficacy? You probably have concluded already. It's Moderna, Moderna because it's 100 micrograms of messenger RNA. Pfizer is only 30 micrograms of messenger RNA. It's more than three times the dose.

Dr. Peter McCullough Of course, it's a stronger vaccine. It's going to have more protection. The point is, the public, in the end, it's the court of public opinion and the public wants to know. And, you know, on January 23 in Washington, there is actually a March to defeat the mandates. There is a March out there, an American homecoming.

Dr. Peter McCullough Do you know, it's my testimony and the testimony given by Jay Bhattacharya that Judge Dowdy in the six federal court in Louisiana used to overturn the rest of the Biden's CMS mandates. And then within a few days, a whole wave of States triggered against the mandates. Why? Because we have the truth. And you're talking to one of the two doctors who made it happen for the country.

Joe Rogan Have you personally experienced any repercussions?

Dr. Peter McCullough Most interesting thing I've experienced sniping when I mean, sniping, that means someone is shooting at you. But you can't see who they are. I've never had anybody have the guts to sit across the table from me and have a conversation.

Joe Rogan If I could bring someone who is a proponent of the vaccines, would you be willing to have a conversation with them?

Dr. Peter McCullough Bring them on. And we'll have Steve Kirsch. We'll split the \$2 million because I could use it for my legal fees. I can tell you right now, Steve Kirsch has been begging somebody to come and just have a discussion on vaccine efficiency. Let's go over VAERS. Let's go over the efficacy data.

Dr. Peter McCullough Is this enough of a hospitalization and death benefit to consider taking it? So there's been some false narratives that have gone on that, in a sense, are working to make this forever. Joe, if you and I want to have COVID the rest of our lives, we would maintain these false narratives. And this is what they are:

Dr. Peter McCullough They're asymptomatic spread. You and I can give it to each other. Another false narrative. We can get it over and over again. That means you and I sitting here with no masks. We have no symptoms.

Dr. Peter McCullough We can give it to each other over and over again. Can you imagine these false narratives and how about this? Take a vaccine and then take another vaccine every six months. I got COVID where you can get it again. Take another vaccine.

Dr. Peter McCullough Well, it doesn't stop COVID, we'll take another vaccine. This is forever. So the false narratives that we have to absolutely. If we want to get past the pandemic that have to go is asymptomatic spread and asymptomatic testing, get it out of here. The other one is natural immunity,

robust, complete and durable. Never wear a mask. Never take a vaccine. Never take another test. You're done it's one and done.

Dr. Peter McCullough I advised the Sri Lankan government. They reached out to me and said, Listen, we're in trouble. We're getting buried with COVID. This was several months ago. They said, we're running out of masks. What do we do? I say get your COVID recovered people out there and man the tents and start handing out the Ivermectin and hydroxychloroquine based protocols. And that's what they did. And they handled the pandemic.

Dr. Peter McCullough I've personally had the Alpha variant. I was in research. I was tested.

Dr. Peter McCullough I've come face to face with Delta. Somebody red hot on my face. There are kids all over me. We actually made videos of they're going to be in two different. I came back eight days later. You can't get it. You cannot get it.

Dr. Peter McCullough Do you know today that if someone's in a nursing home, there's somebody in my family in a nursing home, they had COVID-19. Do you know every time somebody in the nursing home gets covid 19, everybody gets put in a lockdown.

Dr. Peter McCullough That poor guy has been in solitary confinement six months out of the last year. He's already had COVID-19. He's already paid the price. He should have free reign of the nursing home. He should never have to wear a mask.

Dr. Peter McCullough Do you know when someone's covid recovered and they can't go into the hospital and see their loved one dying of covid in the ICU? They can't get covid a second time. See if we don't recognize natural immunity. This is really important. Do you know that Diana Harshbarger, from a Republican House of Representatives congresswoman is basically proposing national legislation for recognizing natural immunity? It's very important.

Dr. Peter McCullough Natural immunity is far and away. The most important thing we can...

Joe Rogan How do we establish it, though? How do you establish that someone recovered from COVID?

Dr. Peter McCullough Pick your definitions. Listen, what the FDA used for the registrational trials was fine. If someone said they had COVID and they had supportive testing, that counts. That would be you. If someone never got the supportive test. But they thought they had it and they hit an antibody. If you hit Roche LabCorp Quest Abbott Ortho clinical diagnosis, you hit one of those, you're immune because those positive controls, Joe, are set people sick enough in the ICU.

Joe Rogan What about I have a friend. She tested positive. I was telling you about her on the PCR three times, but she was completely asymptomatic. But then when she was tested for antibodies.

Joe Rogan She ran through three different PCR tests just to make sure, asymptomatic tested positive. And then now, when we test her for antibodies, we've test her here. She does not show antibodies.

Dr. Peter McCullough Yeah, 15% of people who have symptomatic COVID, she didn't have that.

Dr. Peter McCullough But 15% of symptomatic COVID, they don't hit the antibodies because the positive controls are set on sick inpatients most people at home are not that sick. So a lot of people don't hit antibodies on the commercial tests. 15% don't. And if you don't get the T-detect test.

Dr. Peter McCullough So the T-detect test. Go t-detect.com.

Dr. Peter McCullough Sign up. Put all your information in. Once the lab director approves it, you go to LabCorp, get your blood drawn. And that looks for next generation sequencing in the chromosomes of T

cells to see if you've actually had COVID-19.

Joe Rogan And so that would be T cell and B cell immunity that you would maintain, even though you don't show the antibodies?

Dr. Peter McCullough Listen, the antibodies drop off in everybody. You know, there's a paper by Israel...

Joe Rogan Not in Jamie. Dude is rock solid. You should see his antibodies.

Dr. Peter McCullough Well I tell you...

Joe Rogan He got COVID in October of last year, and he still got, well, we're pretty sure he encountered it fairly recently, and his body fought it off because his antibodies went way up. Superhuman over there.

Dr. Peter McCullough The papers in general suggest 15% of people don't hit the antibodies. I had COVID in October 2020. It was by PCR and antigen. I was in research. It was rock stable that I had COVID.

Dr. Peter McCullough The characteristic signs. My wife had it in the research protocol. We had to follow up with Quest and get our antibodies done. My wife hits the antibodies. Fine.

Dr. Peter McCullough I can't hit the antibodies. I go two more times. I can't hit the antibodies. I go, what the heck? And I looked into it.

Dr. Peter McCullough 50% of people. Just literally, if your treatment is so intensive at first, you actually don't get enough spike protein exposure to get such a high antibiotic titer. And in fact, the natural infection, the antibiotic titer is much softer than with the vaccines, because with the vaccines, you get antibodies against one protein, the spike protein. With the natural infection, you get antibiotics against 27 different proteins.

Joe Rogan Sorry.

Joe Rogan Do you think that there can be an argument made that this milder form of the virus, this Omicron, which is apparently much milder. As of today, where it was December 8, is that today? As far as what I read yesterday, I should say December 7. There was zero deaths attributed to this. So, this is a milder form, and it seems to just give headaches and body aches. Would there be an argument that one should actually catch that? And that would be safer than even getting vaccinated?

Dr. Peter McCullough It's a little early to say that, but I wanted to give you an update.

Joe Rogan I don't want to recommend that to people. I'm just saying, is that a possibility?

Dr. Peter McCullough There's a group in Boston that is absolutely knocking out of the park. It's a company called Inference, and the lead author is Venkatakrishnan, and the paper just came out and pre-print. Oh, by the way, people need to know who's listening. Our peer reviewed literature runs anywhere from six months to four years behind reality. So we actually published something in New England Journal of Medicine. Or we publish something in these journals in my Journal.

Dr. Peter McCullough I told you I submitted something in June. The treatment paper, which is so important. It was printed online in August. It didn't appear in print until January. That's a typical publication cycle.

Dr. Peter McCullough In COVID-19, we all agree that's too slow. So covid 19 was fair game. It's called preprint, meaning that we get our data out early before it's gone through peer review just so people

can make decisions. And so Venkatakrishnan two days ago just put this out on Omicron. Omicron is not a transformer.

Dr. Peter McCullough It's very important. Your kids think it's a transformer. You thought it was a transformer.

Joe Rogan I thought it is. That's what I heard. (laughs)

Dr. Peter McCullough Paul Alexander on his post and Brownstone, actually on the McCullough report that's what I did, I had to put Optimus Prime on there. It's not a transformer, Joe. It's actually the name. It's the name of the Greek Alphabet, but it's interesting.

Dr. Peter McCullough Venkatakrishnan tells us there are 37 mutations in the spike protein! This blows off the socks off anything else. There are six deletions, one insertion, and the insertion, by the way, has some code that is almost for an epitome of another virus. There are 30 substitutions that are non unique. You can find them in AlphaBeta gamma and the other ones. And 16 of the 37 are called surge mutations.

Dr. Peter McCullough So something happened in the surges when there was a lot of prevalence of disease and the virus was replicating being passed to people in these surge time where the virus made a lot of mistakes. So I was called on TV last week for Fox News, Laura Ingram said, Dr. Peter McCullough, what's the update on Omicron? I said, I think it looks like an evolutionary mistake.

Dr. Peter McCullough The initial...you can actually do modeling studies based on what we know the code and the code is known very quickly. Dr. Fantini out of France did modeling studies, let it on our networks. We found out quickly. The transmissibility to give you a perspective for the Wuhan wild type, the original virus, the transmissibility number transmissibility index was about two.

Dr. Peter McCullough The transmissibility of Delta, which has really been hard to treat. I think Delta has been way harder. You may have had Delta. I had Alpha. You may have had Delta.

Dr. Peter McCullough You could have still had Alpha, but transmissibility Delta ...ten. You know what the transmissible Omicron is? Four. So for the first time, we've actually gone down in transmissibility and probably because the spike protein and the receptor binding domain where it binds to the ace two receptors so dysmorphic that it actually can't invade the body as much. So that explains we haven't heard about these fulminant pulmonary syndromes.

Dr. Peter McCullough We haven't heard about these thrombomabach. It's mild so far. Now cross our fingers. People always ask me, is this a milder variant? I remember what Delta is.

Dr. Peter McCullough Oh, is it milder? I said, wait a minute. What determines mild versus severe? Who gets early treatment? Mild or severe is not a natural history variable. What early treatment is so transformational? That's what determines death or hospitalization.

Joe Rogan But what if Omicron chose to be mild across the board, even without early treatment?

Dr. Peter McCullough Right. That's the key. So far we can just assume no early treatment. And so far we're watching the reports carefully. But you're right. It looks like it's milder. And this could be I don't think it's going to supplant Delta because Delta is more transmissible and is very successful in the vaccinated.

Dr. Peter McCullough Now, Omicron has actually arisen from the vaccinated. The kids that were passing the Botswana border. They were fully vaccinated, very symptomatic. But when you do....Omicron is interesting. When you run a PCR test, there are four primers. There's an S protein, there's the nucleocapsid protein, the envelope protein and the polymerase. There's four.

Dr. Peter McCullough The spike protein is so mutated with Omicron that actually primer drops out of the PCR patterns called S gene drop out. So this is the first time based on depends on what PCR has done, that actually the PCR itself could give a hint that it's Delta. Otherwise PCRs just tell you, SarsCoV2, positive or negative. And then we have to wait for the public health labs to do the sequencing to tell us what variant it is. This case, the PCR test could give us a signature.

Dr. Peter McCullough So we'll know with Omicron, we'll know what I've predicted last week on national TV. And again, science is changing. A person is not science. I'm not science. I'm just a doctor interpreting data, and it's subject to being better informed with more data.

Dr. Peter McCullough But I'm predicting right now I think it's going to be like Ada and Lambda because it's less transmissible than Delta. I think it will carve out its own ecological niche, but there would be no reason for it to supplant Delta unless it basically becomes almost like an infection of preference for the vaccinated.

Joe Rogan Wow. One thing that we've been talking about recently that concerns me, and I want to know what your thoughts on this were seeing as you spent your life in the medical establishment. My concern is that corporations, their goal is to continually make more money every year. They'd like to make more money than the last this year for the pharmaceutical companies.

Joe Rogan It's been an insanely profitable year because of the vaccines. I have a real concern. I wonder if you share this concern that they're going to try to continue to make the same amount of money. And the best way to do that is to continue to encourage people to be vaccinated and to create new vaccines, even if they're not necessarily the right thing to do.

Dr. Peter McCullough If it's about making money, I'd almost prefer the vaccines get full FDA approval.

Dr. Peter McCullough You know, none of the vaccines are FDA approved. Even Pfizer is not FDA approved. That was a false talking point. Pfizer has a continuation of the EUA. BioNTech, which is not in the United States, got a licensing agreement.

Dr. Peter McCullough That still means they have to do a lot to get approved. They have to actually have an approved package insert. They have to commit to post marketing studies on myocarditis. They have to give safety warnings on pregnancy. They're not there yet.

Dr. Peter McCullough So no product is approved in the United States. They're all emergency use authorized. Everybody needs to know that another false talking point. That Pfizer was approved on August 23, went all the way up to the President United States. Since when in history do we have false talking points issued out of FDA meetings that go up to the President of United States, so they're not approved.

Dr. Peter McCullough Listen, everybody is entitled to make some money. What seems unfair about this? What seems unfair about this is the government paid for the development costs. The government pre-purchased the products even before they knew it was going to work or not work. And we know that with a new pharmaceutical company, a new product that was developed by a pharmaceutical company was a new company or existing company.

Dr. Peter McCullough We know a benchmark for a blockbuster drug would be a billion dollars of sales in its first year. That's a benchmark. And typically half of that billion is spent on the sales force. There's an investment of billions of dollars in RND. Do you know what the vaccines that Pfizer in his first year hit \$33 billion?

Dr. Peter McCullough And now I think next year, \$36 billion, no development costs. The government, no Salesforce because they don't have to sell the vaccine. They are just the suppliers to the government program.

Joe Rogan Is that a dangerous relationship?

Dr. Peter McCullough What's dangerous is not fair balance. If we had FDA approved products, you see them on TV. What's the last time you saw a drug commercial? Let's say you have a drug that's for Psoriasis. Oh, my Psoriasis cleared up.

Dr. Peter McCullough Remember the people diving in a pool and they don't have any Psoriasis. They have beautiful skin. They're happy and they're dancing. Okay, you take a Psoriasis drug, Joe. It says warning may cause tuberculosis.

Dr. Peter McCullough Get a TB test. Warning there's fair balance. That's the US Drug and Cosmetic Act. That's the Landman Act. We actually have the Truth in Advertising Act.

Dr. Peter McCullough There must be fair balance. Every product has a risk and a benefit. Every product has a risk and benefit. We can never propose a product to anybody in the United States without fair balance. You mentioned myocarditis and I have to tell you, since you had them on the show.

Dr. Peter McCullough And since we're both graduates of the University of Michigan, which, by the way, is I think it's one of the better places in the United States. He went to medical school there. I went to graduate school there. I went to UT Southwestern. I finished top of my class at Alpha Mega Alpha.

Dr. Peter McCullough The doctors who are in the know on how to treat COVID-19, were no chump change. I went to University of Washington and Seattle top medicine residency program in the United States. I'm the most published person in my field in world in history. I have 51 publications in covid 19. I have us Senate testimony.

Dr. Peter McCullough A judge just relied on my testimony to overturn the entire mandates for the whole country. I'm telling you, when I had an interview with Tucker Carlson, he started getting worked up. He looked at the monitor. He goes, if you don't know who this doctor is, why don't you look at him? He goes, he has authority, and he's right.

Dr. Peter McCullough I do have authority, Joe. And the reason why I'm telling you this is because what's going on here is that we have a situation where we have people in positions of authority. The person you had on here in a position of authority was Sanjay Gupta. And I'm going to pick on him a little bit because Sanjay Gupta came on Sesame Street, and I want to show the graphic if I don't have it. He came on Sesame Street, and what he did is with another CNN correspondent.

Dr. Peter McCullough He was actually seducing children into taking the vaccine.

Joe Rogan Yeah, I saw that. It's very disturbing.

Dr. Peter McCullough Okay, seducing. I am telling you no good doctor would do that because there must be risks and benefits. Did he tell the kids and the parents there's FDA warnings that this can cause heart inflammation? Did the other CNN correspondent who is a mother? Did she show even show an ounce of concern what Scott Atlas uses in his book, Joe. He used the term he uses is off the rails. We're off the rails. People in positions of authority are doing bad things, trying to seduce children into taking a vaccine that has official FDA warnings on it without giving fair balance.

Dr. Peter McCullough That's malfeasance. That's wrongdoing by people in position of authority.

Joe Rogan Particularly when you look at the risk versus reward benefit for children. Right. The risk of COVID is very low for children. When they talk about children being hospitalized for Covid, they

almost all have severe comorbidities.

Dr. Peter McCullough I don't care if it's one case of myocarditis right. If it could happen. The idea that we would not present something in a fair, balanced manner on TV, there should never be an official on TV that says the vaccines are safe and effective. Take them.

Dr. Peter McCullough Listen. They have to be proven. Show us the safety and show us the efficacy and let people make a choice. One cannot conclude that they're safe and effective without showing any data. I would never do that.

Joe Rogan And this is the only time that's ever been forced on the American people that way.

Dr. Peter McCullough It's the only time it's ever been presented to the American people. I can tell you what we've got a history in this. If you go back to this is Sanjay Gupta and the CNN correspondent. There was no fair balance there.

Dr. Peter McCullough I got nauseated when I saw that.

Joe Rogan It's just bizarre that he would do that. I don't understand it.

Dr. Peter McCullough Well, remember, he paired at a talking point. That our head of the national allergy and Immunology branch period. They said that there was no data for Ivermectin. They said it was a horse dewormer. Now, either they knew or they should have known the 63 supportive studies (of Ivermectin) and of the over 30 randomized trials. Hey, that's a court of law. Either you knew or you should have known a person in a position of authority either knew or should have known.

Dr. Peter McCullough Scott Atlas says they're incompetent. They don't know. That's what he says. Bring him on. He'll tell you he thinks they're incompetent.

Dr. Peter McCullough I'm not so sure it's either they knew or they should have known. Either one of those is good. Either he knows or he should have known. Either one is not good. Which one is it?

Dr. Peter McCullough Ask them, give them a call. Which one is it? Do you know about the myocarditis risks, or should you know?

Joe Rogan He most certainly knows because I showed it to him on the show. I mean, that was a weird moment on the show, in fact, because he was trying to look at the results and spin it the other way, and I had to go over it with him again, saying, no, you're looking at this wrong. It's the opposite of what you're saying.

Joe Rogan There's a four to six fold increase in myocarditis in children that are vaccinated versus the amount of children that are hospitalized from COVID for all causes. So they're four to six times more likely to get myocarditis than they are to even be hospitalized for COVID, which is crazy, right?

Dr. Peter McCullough That's the Hoeg analysis not disputed by the FDA. There's another point. It's the opposite of what you're saying. There's a four to six fold increase in myocarditis in children that are vaccinated versus the amount of children that are hospitalized from COVID for all causes. So they're four to six times more likely to get myocarditis than they are to even be hospitalized for COVID, which is crazy, right? That's the Hoeg analysis, not disputed by the FDA. There's another point.

Dr. Peter McCullough This is a nuance. I want to get this out. There is a I want to say, basically misleading paper than Ringwood or medicine that says that if one gets covered the respiratory illness, they're more likely to get myocarditis than take a vaccine. Okay. I can tell you I'm a doctor.

Dr. Peter McCullough I've taken care of hundreds and hundreds of COVID patients. I've advised on thousands, by the way, none of the media doctors outside of myself, Steve Smith and gosh, maybe there's

one other on there. I know, George Fareed. Maybe. I think there's three doctors that America has seen on TV that's actually seen a COVID patient and actually treated COVID patients. That's it.

Dr. Peter McCullough You know, the minority witness in the Senate testimony, Ron Johnson, waited about 2 hours into the testimony after he was advising on America on how to handle COVID 19. He said, Doctor, have you ever seen a COVID patient? You ever treated a patient? He said, no, I haven't. He said. I have no more questions.

Dr. Peter McCullough I'm telling you, there is almost a fraudulent scheme to this. This knowing the general medicine paper said it said that myocarditis more likely in those with COVID-19 than with the vaccine. What we know is that someone sick enough to be in the hospital, who's in the ICU can have a small rise in troponin.

Dr. Peter McCullough That's the blood test indicating cardiac injury. But half the people in the ICU have it anyway from pneumococcal pneumonia staff, sepsis, et cetera. It's just part of being in the ICU. Okay. The Chinese never called that myocarditis.

Dr. Peter McCullough They called that cardiac injury with COVID. The Chinese were right. It's just a troponin elevation. That's it. It's largely inconsequential.

Dr. Peter McCullough We don't do anything about it. That's very different than the explosive chest pain, early heart failure, EKG and massive troponin rises. We see with vaccine induced myocarditis, they are two completely separate syndromes. What the new in the general medicine paper is they just use the numbers. If you have lots of adults being admitted to the ICU, you're going to have big numbers of people who have a trivial rising troponin.

Dr. Peter McCullough That's inconsequential. That's different than myocarditis after the vaccine, which has a lower occurrence rate.

Joe Rogan And why is it myocarditis after the vaccine? Like, why is the vaccine inducing myocarditis at such a high rate when they're both it's the spike protein is responsible for both of them, correct?

Dr. Peter McCullough I think it's the lipid nanoparticles. The lipid nanoparticles are very important. Remember, parts of the body are more lipophilic. They take up lipids better than others. The heart is interesting.

Dr. Peter McCullough It relies on about 80% of its fuel is fatty acids versus 20% sugar. The skeletal muscles are just the opposite. They're 80% sugar, 20% fatty acids. So we know that the lipid nanoparticles are almost certainly taken up in the heart. Preferentially.

Dr. Peter McCullough They're definitely taken up in the ovaries and the corpus booting. The ovaries taken up in the adrenals. We know that they go to their brain. There's been enough autopsy studies of freshly vaccinated people. You can see what get seeded.

Dr. Peter McCullough The vaccine goes everywhere in the body. Within a matter of hours, the vaccine seeds up in the brain into the heart, the adrenals, the ovaries elsewhere. And I think the vaccine actually loads the heart, probably with more spike protein that one would ambiently get with a respiratory infection.

Joe Rogan Because of the liquid nanoparticles. The lipid nanoparticles, Excuse me.

Joe Rogan This is obviously something that most people should know. What you're saying is obviously information that most people when you're talking about a population of 300 plus million

people and 200 plus million people have been vaccinated already. I would like to think that this is information that people want to know.

Dr. Peter McCullough I agree.

Joe Rogan How much does it disturb you that this is being censored? Because on every other platform this conversation we're having right now would be censored every other online platform, social media. They would censor this for sure on YouTube. But what you're saying is incredibly important.

Dr. Peter McCullough Censorship that has suppressed for two years, information on safe and effective early treatment and censorship on vaccine safety has led to large numbers of deaths, hospitalizations and permanent disability.

Dr. Peter McCullough There is no bigger public health crisis than the impact of censorship in COVID-19.

Joe Rogan We just did 3 hours. Believe it or not, isn't that incredible? I want to thank you. I want to thank you for your courage. Thank you for your dedication. Thank you for your time for coming here and thank you for explaining this so eloquently. It's very disturbing, but I think we're all better off having this truth.

Dr. Peter McCullough Thank you.

Joe Rogan Do you have a website that people can visit for more information?

Dr. Peter McCullough You can follow me on America Loud Talk rate. You the McCullough Report. I issue a weekly report to the country.

Joe Rogan Thank you very much. Bye.